| Fill in this information to identify your case: |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the :        |  |                                    |
| NORTHERN District of ILLINOIS (State)           |  |                                    |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:           | Identify Yourself   |                            |   |
|-------------------|---|----------------------------|---|
|                   |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your           | full name   |                            |   |
| gover<br>identif  | the name that is on your<br>nment-issued picture<br>fication (for example,<br>driver's license or | James<br>First name        | First name                                    |
| passp             |   | Middle name                | Middle name                                   |
| identif           | your picture<br>fication to your meeting<br>he trustee.   | Waldron Last name          | Last name                                     |
| With ti           | ie trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. <b>All o</b> 1 | ther names you  |                            |   |
|                   | used in the last 8  | First name                 | First name                                    |
|                   | le your married or<br>en names.   | Middle name                | Middle name                                   |
|                   |   | Last name                  | Last name                                     |
|                   |   | First name                 | First name                                    |
|                   |   | Middle name                | Middle name                                   |
|                   |   | Last name                  | Last name                                     |
| your              | the last 4 digits of<br>Social Security   | xxx - xx - 8156            | XXX - XX                                      |
| Indivi            | er or federal<br>dual Taxpayer<br>fication number   | OR                         | OR  |
| iuenti            | incauon number  | <b>9</b> xx - xx           | 9xx - xx                                      |

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Document Waldron James Frank Debtor 1 Case Number (if known) \_

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|----|---|--|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  EIN  EIN  | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |  |  |
| 5. | Where you live  | 987 Manchester Cir.  Number Street  Grayslake IL 60030 City State ZIP Code  LAKE County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code | If Debtor 2 lives at a different address:    Number   Street  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |  |  |

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James Frank Document Waldron

Debtor 1

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Case Number (if known)

| Part 2:   | Tell the Court About You                     | r Bankruptcy  | Case  |  |   |  |  |
|---|--|---|---|--|---|--|--|
|   | hapter of the ruptcy Code you                | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |  |  |
| are ch  | are choosing to file                         | ☐ Chap  | ter 7   |  |   |  |  |
| undei   | r  | Chapter 11 ☐ Chapter 12   |   |  |   |  |  |
|   |  |   |   |  |   |  |  |
|   |  | _ Chap  | iter 13   |  |   |  |  |
| B. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's office is local court for more details about how you may pay. Typically, if you are paying the five yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or with a pre-printed address.  I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A)  I request that my fee be waived (You may request this option only if you are filing for By law, a judge may, but is not required to, waive your fee, and may do so only if you less than 150% of the official poverty line that applies to your family size and you are pay the fee in installments). If you choose this option, you must fill out the Application |  |   |   | ay. Typically, if you are paying the fee at, or money order. If your attorney is orney may pay with a credit card or check use this option, sign and attach the in Installments (Official Form 103A).  Set this option only if you are filing for Chapter 7. Be your fee, and may do so only if your income is plies to your family size and you are unable to |   |  |  |
| bankr   | you filed for<br>ruptcy within the<br>years? | ■ No  | District None   | When   | Case Number                                   |  |  |
|   |  |   |   |  | MM / DD / YYYY                                |  |  |
|   |  |   | District None   | When   | Case Number                                   |  |  |
|   |  |   |   |  | MM / DD / YYYY                                |  |  |
|   |  |   | District  | When   | Case Number                                   |  |  |
|   |  |   |   |  | MM / DD / YYYY                                |  |  |
| cases   | ny bankruptcy<br>s pending or being          | ■ No  |   |  |   |  |  |
|   | by a spouse who is<br>ling this case with    | ☐ Yes.  |   |  | Relationship to you  Case Number, if known    |  |  |
| you, o  | or by a business<br>r, or by                 |   |   |  | MM / DD / YYYY                                |  |  |
|   |  |   | Debtor  |  | Relationship to you                           |  |  |
|   |  |   | District  | When   | Case Number, if known                         |  |  |
| -   | ou rent your<br>ence?                        | ■ No.<br>□ Yes.   | Go to line 12 Has your landlord obtatesidence?  No. Go to line 12 | , ,  | t against you and do you want to stay in your |  |  |

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Document Waldron James Frank Debtor 1

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Case Number (if known)

|     | Are you a sole proprietor of any full- or part-time  | ■ No.          | Go to Part 4.  | husiness          |                      |             |       |          |
|-----|--|----------------|--|-------------------|----------------------|-------------|-------|----------|
|     | business?  | <u>□</u> 163.  | Name and location of business  |                   |                      |             |       |          |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as |                | Name of business, if any   |                   |                      |             |       |          |
|     | a corporation, partnerhsip, or<br>LLC.<br>If you have more than one<br>sole proprietorship, use a            |                | Number Street  |                   |                      |             |       |          |
|     | separate sheed and attach it to this petition.   |                |  |                   |                      |             |       |          |
|     |  |                | City   |                   |                      |             | State | Zip Code |
|     |  |                | Check the appropriate  | box to describ    | e your business:     |             |       |          |
|     |  |                | ☐ Health Care Bus  | siness (as define | ed in 11 U.S.C. § 10 | 01(27A))    |       |          |
|     |  |                | ☐ Single Asset Rea   |                   | ·                    | § 101(51B)) |       |          |
|     |  |                | ☐ Stockbroker (as  |                   |                      |             |       |          |
|     |  |                | ☐ Commodity Brok ☐ None of the above   |                   | n 11 U.S.C. § 101(6  | 6))         |       |          |
|     |  |                | ☐ None of the abo  | ve                |                      |             |       |          |
|     | are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).        | ☐ No. I        | am not filing under Cha<br>am filing under Chapter<br>the Bankruptcy Code.  am filing under Chapte<br>Bankruptcy Code. | r 11, but I am N  |                      |             |       |          |
| Pai | t 4: Report if You Own or Hav  |                |  | norty That Noor   | c Immediate Attent   | ion         |       |          |
| . « | Report in 100 Own of flat  | re Ally Hazard | ous Property of Ally Pro   | perty mat need    | 3 milleulate Attent  |             |       |          |
| 4.  | Do you own or have any property that poses or is   | No.            |  |                   |                      |             |       |          |
|     | alleged to pose a threat of imminent and   | ∐ Yes.         | What is the hazard?  |                   |                      |             |       |          |
|     | indentifiable hazard to public health or safety?   |                |  |                   |                      |             |       |          |
|     | Or do you own any property that needs  |                |  |                   |                      |             |       |          |
|     | immediate attention?   |                | If immediate attention is  | s needed, why i   | s it needed?         |             |       |          |
|     |  |                |  |                   |                      |             |       |          |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building                       |                |  |                   |                      |             |       |          |
|     | perishable goods, or livestock   |                | Whore is the array of 2  |                   |                      |             |       |          |
|     | perishable goods, or livestock<br>that must be fed, or a building  |                | Where is the property?   | Number            | Street               |             |       |          |
|     | perishable goods, or livestock<br>that must be fed, or a building  |                | Where is the property?   |                   | Street               |             |       |          |
|     | perishable goods, or livestock<br>that must be fed, or a building  |                | Where is the property?   |                   | Street               |             |       |          |

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Debtor 1

Frank

Document Waldron

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**James** 

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou |
|--|
| credit counseling because of:                |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 D

James Frank Document Waldron

Debtor 1

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Case Number (if known)

| Pa  | rt 6: Answer These Questions   | for Reporting Purposes  |   |   |  |  |
|-----|--|---|---|---|--|--|
| 16. | What kind of debts do you have?  | ebts do  16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred money for a business or investment or through the operation of the business or investment.  No. Go to line 16c. Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts. |   |   |  |  |
| 17. | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |   | napter 7. Go to line 18.  er 7. Do you estimate that after any exempt p s are paid that funds will be available to distril  |   |  |  |
| 18. | How many creditors do you estimate that you owe?   | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |  |  |
| 19. | How much do you estimate your assets to be worth?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>■ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion                   |  |  |
| 20. | How much do you<br>estimate your liabilities<br>to be?   | □ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion                      |  |  |
| Pa  | rt 7: Sign Below   |   |   |   |  |  |
| For | you  | correct.  If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7.  If no attorney represents me and I this document, I have obtained and I request relief in accordance with the I understand making a false statem.  | ter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chapted in the chapter of title 11, United States Code, spanent, concealing property, or obtaining money in fines up to \$250,000, or imprisonment for up in 3571. | e, under Chapter 7, 11,12, or 13 oter, and I choose to proceed not an attorney to help me fill out (b). ecified in this petition. |  |  |
|     |  | Signature of Debtor 1  Executed on 06/22/2016   | Signa   | uted on   |  |  |

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| Debtor 1   | James<br>First Name | Frank<br>Middle Name   | Document<br>Waldron   | Page 7 of 62   | umber (if known) _ |   |
|--|---------------------|--|---|--|--------------------|---|
| For your attorney, if you are represented by one if you are not represented by an attorney, you do not need to file this page. |                     | proceed under Cha<br>each chapter for wh<br>11 U.S.C. § 342(b) | pter 7, 11, 12, or 13 of title nich the person is eligible. | petition, declare that I have infor<br>11, United States Code, and ha<br>I also certify that I have delivere<br>707(b)(4)(D) applies, certify that<br>petition is incorrect. | ave explained the  | e relief available under<br>s) the notice required by |
|  |                     | 🗶 /s/ Marc Adam Affolter                                       |   | Dat  | Date:              | 06/28/2016  |
|  |                     | Signature of A   |   |  | DD / YYYY          |   |
|  |                     | Marc A Printed name  | dam Affolter  |  |                    |   |
|  |                     | Geraci   | Law L.L.C.  |  |                    |   |
|  |                     | Firm name  |   |  |                    |   |
|  |                     | 55 E. N  | Ionroe St., #3400   |  |                    |   |
|  |                     | Number Street  |   |  |                    |   |
|  |                     |  |   |  |                    |   |
|  |                     | Chicago  | 0   | IL   | 606                | 03  |
|  |                     | City   |   | Sta  | te ZI              | P Code  |

Contact Phone \_\_312-332-1800

6312227

Bar number

Email address \_\_ndil@geracilaw.com

IL

State

| Fill in this information to identify your case:  |            |             |             |  |  |  |  |
|--|------------|-------------|-------------|--|--|--|--|
| Debtor 1   | James      | Frank       | Waldron     |  |  |  |  |
|  | First Name | Middle Name | Last Name   |  |  |  |  |
| Debtor 2   |            |             |             |  |  |  |  |
| (Spouse, if filing)  | First Name | Middle Name | Last Name   |  |  |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) |            |             |             |  |  |  |  |
| Case Number<br>(If known)  |            |             | <del></del> |  |  |  |  |
| (II KIIOWII)   |            |             |             |  |  |  |  |

| Check if this is a |
|--------------------|
| amended filing     |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Summarize Your Assets   |  |
|---|--|
|   | <b>Your assets</b> Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B  | \$ 0                                     |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$ 151,057                               |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$ 151,057                               |
|   |  |
| Part 2: Summarize Your Liabilities  |  |
|   | Your liabilities<br>Amount you owe       |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)     2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$166,729                                |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$32,350                                 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$33,242                                 |
|   |  |
|   |  |
| Part 3: Summarize Your Liabilities  |  |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$4,404.00                               |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J   | \$3,570.00                               |

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Debtor 1 James Frank Waldron Case Number (if known)

First Name Middle Name Last Name **EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,592.72 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 32,350.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$<u>32,3</u>50.00

9g. Total. Add lines 9a through 9f.

| Fill in Abia        | Caco 16 21  |   |   | Entered 06/29/16 1  | .2:37:22 Desc   | Main                  |
|---------------------|---|---|---|---|---|-----------------------|
| Fill in this        | information to identify yo  | our case and this min   | g:  | 0 of 62   |   |                       |
| Debtor 1            | James   | Frank   | Waldron   |   |   |                       |
|                     | First Name  | Middle Name   | Last Name   |   |   |                       |
| Debtor 2            | FirstName   | Addd North  | LastName  |   |   |                       |
| (Spouse, if filing) | ) First Name  | Middle Name   | Last Name   |   |   |                       |
| United State        | es Bankruptcy Court for the : _   | NORTHERN District   | of <u>ILLINOIS</u><br>(State)                                   |   | _   |                       |
| Case Numb           | er  |   | (Otate)   |   |   | Check if this is an   |
| (If known)          |   |   |   |   | •   | amended filing        |
| <u>Official F</u>   | Form 106A/B   |   |   |   |   |                       |
| Schedu              | le A/B: Prope   | rty   |   |   |   | 12/15                 |
| ategory when        | re you think it fits best. B<br>or supplying correct infor<br>your name and case numl | e as complete and ac<br>rmation. If more spac-<br>ber (if known). Answe | curate as possible. If two ma<br>e is needed, attach a separate | its in more than one category,<br>rried people are filing together,<br>e sheet to this form. On the top<br>e an Interest In | , both are equally  |                       |
|                     |   | equitable interest in a   | ny residence, building, land,                                   | or similar property?  |   |                       |
| No.                 |   |   |   |   |   |                       |
| Yes                 | s. Describe   |   | What is the property? Check                                     | all that apply.   | Do not deduct secured clair                               | ne or exemptions. But |
| 987 Mar             | nchester Circle   |   | Single-family home  |   | the amount of any secured                                 | claims on Schedule D: |
|                     | dress, if available, or other des   | scription   | Duplex or multi-unit building                                   | 3   | Creditors Who Have Claims                                 | s Secured by Property |
|                     |   |   | Condominium or cooperative                                      | re  | Current value of the                                      | Current value of the  |
|                     |   |   | Manufactured or mobile hor                                      | me  | entire property?  | portion you own?      |
| Graysla             | ke  | IL 60030  | Land  |   | \$135,000.00  | \$135,000.00          |
| City                |   | State ZIP Code  | Investment property   |   | ·   |                       |
|                     |   |   | Timeshare   |   | Describe the nature of y                                  | our ownership         |
| County              |   |   | Other   |   | interest (such as fee sim                                 |                       |
|                     |   |   | Who has an interest in the p                                    | roperty? Check one.   | the entireties, or a life es                              | stat), if known.      |
|                     |   |   | Debtor 1 only   |   |   |                       |
|                     |   |   | Debtor 2 only   |   |   |                       |
|                     |   |   | Debtor 1 and Debtor 2 only                                      |   | Check if this is a co                                     | mmunity property      |
|                     |   |   | At least one of the debtors                                     | and another   | (see instructions)  |                       |
|                     |   |   | Other information you wish property identification number       | to add about this item, such as<br>per:   | s local   |                       |
| 2 Add the d         | ollar value of the portion  | you own for all of you  | ur entries fro Part 1, including                                | any entries for pages   |   |                       |
|                     |   | -   | ·   | ,, pg   | >   | \$135,000.00          |
| Part 2:             | Describe Your Vehicles  |   |   |   |   | <u> </u>              |
| =                   |   | -   | =   | registered or not? Include any vecutory Contracts and Unexpired   |   |                       |
| 03. Cars, vai       | ns, trucks, tractors, sport   | t utility vehicles, moto  | orcycles  |   |   |                       |
| Yes                 | s. Describe   |   |   |   |   |                       |
|                     | Make:   | Dodge   | Who has an interest in the p                                    | roperty? Check one.   | Do not deduct secured claim                               |                       |
|                     | Model:  | Durango   | Debtor 1 only   |   | the amount of any secured of<br>Creditors Who Have Claims |                       |
|                     | Year:   | 2005  | Debtor 2 only   |   | Current value of the                                      | Current value of the  |
|                     | Approximate Mileage:  | 250,000   | Debtor 1 and Debtor 2 only                                      |   | entire property?  | portion you own?      |
|                     | Other information:  |   | At least one of the debtors                                     | and another   | <b>\$</b> 1,637.00  | <b>s</b> 1,637.00     |
|                     | Carer information.  |   | Check if this is communinstructions)                            | nity property (see  | *   | <u> </u>              |
|                     |   |   |   |   |   |                       |

Official Form 106A/B Record # 711564 Schedule A/B: Property Page 1 of 6

Debtor 1

James

Case 16-21072

Doc 1

Desc Main

0.00

First Name Middle Name

| Examples No. Yes.                     | Boats, trailers, mo                    | r homes, ATVs and other recreational vehicles, other vehicles, and accessories otors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |                |  |
|---------------------------------------|--|---|----------------|--|
|                                       |  | portion you own for all of your entries fro Part 2, including any entries for pages  2. Write that number here  |                | \$ 1,637.00  |
| you nave a                            | attached for r art                     | 2. White that harrises here   |                |  |
| Part 3:                               | Describe Your Pe                       | ersonal and Household Items   |                |  |
| Do you own o                          | or have any legal                      | l or equitable interest in any of the following items?  |                | Current value of the portion you own? Do not deduct secured claims or exemptions |
|                                       | d goods and fur<br>: Major appliances, | rnishings<br>furniture, linens, china, kitchenware  |                |  |
| Yes.                                  | Describe                               | Furniture, linens, small appliances, table & chairs, bedroom set  | \$1,000        | \$ <u> </u>  |
|                                       | : Televisions and ra                   | adios; audio, video, stereo, and digital equipment; computers, printers, scanners; music s including cell phones, cameras, media players, games                 |                |  |
| Yes.                                  | Describe                               | Flat screen TV, computer, printer, music collection, cell phone   | \$1,000        | \$1,000.00   |
|                                       | : Antiques and figur                   | rines; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles                    |                |  |
| Yes.                                  |  |   |                | \$0.00   |
| Examples                              |  | l hobbies  hic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  |                |  |
| Yes.                                  | Describe                               |   |                | \$0.00   |
| 10. Firearms Examples No.             | : Pistols, rifles, shot                | tguns, ammunition, and related equipment  |                |  |
| Yes.                                  | Describe                               |   |                | \$0.00   |
| 11. Clothes  Examples  No.            | : Everyday clothes,                    | furs, leather coats, designer wear, shoes, accessories  |                |  |
| Yes.                                  | Describe                               | Everyday clothes.   | \$250          | \$ <u>250.0</u> 0  |
| 12. Jewelry  Examples gold, silve No. |  | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |                |  |
| Yes.                                  | Describe                               | Small diamond ring. Watch.  | \$200<br>\$350 | \$ <u> </u>  |
| 13. Non-farm                          |  | horses  |                |  |
| No.                                   | : Dogs, cats, birds,                   | 1101.565  |                |  |
| Yes.                                  | Describe                               |   |                |  |

Debtor 1 James

Case 16-21072

| 0. |            |        |
|----|------------|--------|
|    |            |        |
|    |            |        |
|    | First Name | Middle |
|    |            |        |

| <br>Manage |
|------------|

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| 14. | Any other p         | personal and ho                       | usehold items you did not alr   | ready list, including any health aids you did not list   |  |
|-----|---------------------|---------------------------------------|---|--|--|
|     | Yes.                | Describe                              |   |  | \$ 0.00  |
|     |                     |                                       | -   | cluding any entries for pages you have attached  | \$\$2,800.00   |
|     | D                   | escribe Your Fin                      | ancial Assets   |  |  |
|     | airt 44             |                                       |   |  |  |
| Do  | you own or          | have any legal                        | or equitable interest in any of   | f the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 16. | Cash<br>Examples: N | Money you have in                     | your wallet, in your home, in a safe  | e deposit box, and on hand when you file your petition   |  |
|     | No. Yes.            | Describe                              |   |  |  |
| 17. | Deposits of         | f monev                               |   |  | \$ <u>0.0</u> 0  |
|     | Examples: 0         | Checking, savings                     | or other financial accounts; certificate fyou have multiple accounts with the | ates of deposit; shares in credit unions, brokerage houses,<br>ne same institution, list each. |  |
|     | Yes.                | Describe                              | Account Type:   | Institution name:  |  |
|     |                     |                                       | Checking Account  | US Bank  | \$0.00   |
|     |                     |                                       | Checking Account Checking Account   | Chase Chase  | \$ 120.00<br>\$ 500.00   |
|     |                     |                                       | Onecking Account  | Ollase   | \$\$ 620.00  |
| 18. |                     |                                       | ublicly traded stocks   |  | *  |
|     | Examples: E         | Bond funds, invest                    | ment accounts with brokerage firms  | s, money market accounts   |  |
|     | Yes.                | Describe                              | Institution or issuer name:   |  |  |
| 10  | Non nublic          | ly traded atook                       | and interests in incorporated   | and unincorporated businesses, including an interest in  | \$0.00   |
| 13. | No.                 | iy iraded Stock                       | and interests in incorporated   | and unincorporated businesses, including an interest in  |  |
|     | Yes.                | Describe                              | Name of Entity and Percent of   | Ownership:   |  |
| 20  | Governmer           | nt and cornorate                      | e honds and other negotiable  | and non-negotiable instruments   | \$ <u>0.0</u> 0  |
|     |                     |                                       | _   | s, promissory notes, and money orders.   |  |
|     | Non-negotia         | able instruments a                    | e those you cannot transfer to some   | eone by signing or delivering them.  |  |
|     | Yes.                | Describe                              | Issuer name:  |  |  |
| 24  | Datiroment          | or noncion co                         | ounto   |  | \$0.00   |
| 21. |                     | or pension acc<br>nterests in IRA, El |   | savings accounts, or other pension or profit-sharing plans                                     |  |
|     | Yes.                | Describe                              | Type of account and Institution   | n name:  | \$ 0.00  |
| 22. | Security de         | posits and pre                        | payments  |  | \$0.0 <u>0</u>   |
|     |                     |                                       |   | y continue service or use from a company<br>s (electric, gas, water), telecommunications       |  |
|     | Yes.                | Describe                              | Institution name or individual:   |  |  |
| 23. | Annuities (         | A contract for a                      | periodic payment of money to  | to you, either for life or for a number of years)  | \$ <u>0.0</u> 0  |
|     | Yes.                | Describe                              | Issuer name and description:  |  |  |
| 24. |                     | an education I<br>§ 530(b)(1), 529A(  |   | ed ABLE program, or under a qualified state tuition program.                                   | \$ <u>0.0</u> 0  |
|     | No.                 | 3 000(D)(1), 029A(                    | υ <sub>j</sub> , απα υ <u>ν</u> υ(υ)( τ j.                                    |  |  |
|     | Yes.                | Describe                              | Institution name and descriptio   | on. Separately file the records of any interests.11 U.S.C. § 521(c):                           | \$0.00   |
|     |                     |                                       |   |  |  |

Debtor 1

Case 16-21072 James

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Desc Main

First Name Middle Name

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| Döcument       |  |
| Last Name      |  |

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| 25. | Trusts, equ                    | uitable or future | interests in property (other than anything listed in line 1), and rights or powers   |  |                     |          |
|-----|--------------------------------|-------------------|--|--|---------------------|----------|
|     | Yes.                           | Describe          |  |  |                     |          |
|     |                                | D0001100          |  |  | \$                  | 0.00     |
| 26. |                                |                   | narks, trade secrets, and other intellectual property mes, websites, proceeds from royalties and licensing agreements                          |  |                     |          |
|     | Yes.                           | Describe          |  |  |                     |          |
| 27. | Licenses, f                    | franchises, and   | other general intangibles  |  | \$                  | <u> </u> |
|     |                                |                   | clusive licenses, cooperative association holdings, liquor licenses, professional licenses   |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| Мо  | ney or prop                    | erty owed to you  | 1?   | Current va<br>portion yo<br>Do not dedu<br>or exemptio | u own?<br>ct secure |          |
| 28. | Tax refund                     | s owed to you     |  |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| 29. | Family sup<br>Examples:<br>No. | -                 | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| 30. | Examples:                      |                   | wes you  bility insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,  d loans you made to someone else      |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| 31. |                                | -                 | life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |  |                     |          |
|     | Yes.                           | Describe          | Company Name & Beneficiary:  |  |                     |          |
|     |                                | 200020            | Term life insurance. No cash value. \$0  |  | \$                  | 0.00     |
| 32. | If you are th                  |                   | at is due you from someone who has died ving trust, expect proceeds from a life insurance policy, or are currently entitled to receive s died. |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| 33. | _                              | •                 | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue                      |  | -                   |          |
|     | Yes.                           | Describe          |  |  | •                   | 0.00     |
| 34. | Other cont                     | ingent and unlic  | uidated claims of every nature, including counterclaims of the debtor and rights   |  | \$                  | 0.00     |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
| 35. | Any financ                     | ial assets you d  | d not already list   |  |                     |          |
|     | Yes.                           | Describe          |  |  | \$                  | 0.00     |
|     |                                |                   | of your entries from Part 4, including any entries for pages you have attached   |  |                     | \$620.00 |
|     |                                | mac nambe         |  |  |                     |          |

Debtor 1

James

Case 16-21072

Doc 1

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Document

Last Name

Desc Main

First Name Middle Name

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| Part 5: Describe Any Bus   | siness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
|--|--|--|
|  | egal or equitable interest in any business-related property?   |  |
| No.  |  |  |
| L]Yes.   |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. Accounts receivable or co                                      | ommissions you already earned  |  |
| No.  |  |  |
| Yes. Describe  | Accounts receivable. \$10,00   | 0<br>\$ <u>10,000.0</u> 0  |
| 39. Office equipment, furnishing Examples: Business-related of No. | ings, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices |  |
| Yes. Describe  |  | \$ 0.00  |
| 40. Machinery, fixtures, equip                                     | ment, supplies you use in business, and tools of your trade  | \$0.00   |
| No.  |  |  |
| Yes. Describe  | Telecommunications tools. \$1,00   | \$1,000.00   |
| 41. Inventory  |  |  |
| No.  Yes. Describe   |  |  |
| Tes. Describe  |  | \$0.00   |
| 42. Interests in partnerships of                                   |  |  |
| No.  | Name of Entity and Percent of Ownership:   | $\neg$   |
| Yes. Describe  |  | \$0.00   |
| 43. Customer lists, mailing lis                                    | ts, or other compilations  |  |
| No.  |  |  |
| Yes. Describe  |  | \$ 0.00  |
| 44. Any business-related proj                                      | perty you did not already list   |  |
| No.  |  | _  |
| Yes. Describe  |  | \$ 0.00  |
|  |  | <u>-</u>   |
|  | of your entries from Part 5, including any entries for pages you have attached   | \$ 11000.00  |
| for Part 5. Write that numb  | oer here>  | <b>\$ 11000.00</b>   |
| I MI C OI  | m- and Commercial Fishing-Related Property You Own or Have an Interest In.   |  |
|  | egal or equitable interest in any farm- or commercial fishing-related property?  |  |
| No.  | egal of equitable interest in any family of commercial historical property?  |  |
| Yes. Describe  |  |  |
|  |  | \$0.00   |
| 47. Farm animals  Examples: Livestock, poultry,                    | farm-raised fish   |  |
| No.  |  |  |
| Yes. Describe  |  |  |
| 48. Crops—either growing or  | harvested  | \$0.00   |
| No.  |  |  |
| Yes. Describe  |  |  |
| 49. Farm and fishing equipme                                       | ent, implements, machinery, fixtures, and tools of trade   | \$0.00   |
| No.  | ,  |  |
| Yes. Describe  |  |  |
|  |  | \$0.00   |

| 50. Farm and fishing supplies, chemicals, and feed  No.  |              |               |
|--|--------------|---------------|
| Yes. Describe  |              | \$ 0.00       |
| 51. Any farm- and commercial fishing-related property you did not already list   |              | <u> </u>      |
| No. Yes. Describe  |              |               |
|  |              | \$0.00        |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for page for Part 6. Write that number here |              | \$0.00        |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Al  | oove         |               |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership        |              |               |
| No. Yes. Describe  |              |               |
| _  |              | \$0.00        |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | >            | \$0.00        |
| Part 8: List the Totals of Each Part of this Form  |              |               |
| 55. Part 1: Total real estate, line 2  |              | \$ 135,000.00 |
| 56. Part 2: Total vehicles, line 5   | \$ 1,637.00  |               |
| 57. Part 3: Total personal and household items, line 15  | \$ 2,800.00  |               |
| 58. Part 4: Total financial assets, line 36  | \$ 620.00    |               |
| 59. Part 5: Total business-related property, line 45   | \$ 11,000.00 |               |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00      |               |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00      |               |
| 62. <b>Total personal property.</b> Add lines 56 through 61  | \$ 16,057.00 | \$ 16,057.00  |
|  |              |               |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62  |              | \$151,057.00  |
|  |              |               |

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| Fill in this in     | nformation to identi | fy your case:                       |                 |
|---------------------|----------------------|-------------------------------------|-----------------|
| Debtor 1            | James                | Frank                               | Waldron         |
|                     | First Name           | Middle Name                         | Last Name       |
| Debtor 2            |                      |                                     |                 |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                    |                                     |                 |
| (If known)          |                      |                                     |                 |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif         | y the Property You Claim as Exemp                                | t                                    |   |                                    |
|-------------------------|--|--------------------------------------|---|------------------------------------|
| Which set of ex         | emptions are you claiming? Chec                                  | k one only, even if your sp          | ouse is filing with you.  |                                    |
| You are clair           | ming state and federal nonbankrupt                               | tcy exemptions . 11 U.S.C.           | § 522(b)(3)   |                                    |
| You are clair           | ming federal exemptions. 11 U.S.C.                               | . § 522(b)(2)                        |   |                                    |
|                         |  |                                      |   |                                    |
| For any propert         | y you list on <i>Schedule A/B</i> that yo                        | ou claim as exempt, fill in          | the information below.  |                                    |
| •                       | on of the property and line on<br>hat lists this property        | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief description:      | 987 Manchester Circle Grayslake<br>IL 60030 - Primary Residence  | \$ <u>135,000</u>                    | \$ _ 15,000   | 735 ILCS 5/12-901 - \$15,000.00    |
| Line from Schedule A/B: | <u>01</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | 2005 Dodge Durango with over 250,000 miles                       | \$ <u>1,637</u>                      | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00 |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set | \$_1,000                             | <u></u> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00 |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Flat screen TV, computer, printer, music collection, cell phone  | \$_1,000                             | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00 |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                         |  |                                      |   |                                    |
| Official Form 106C      | Record # 711564  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                        |

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Desc Main

Debtor 1

Document

Page 17 of 62 (if known) Frank James Middle Name **Additional Page** Part 2: Current value of the Amount of the exemption you claim Specific laws that allow exemption Brief description of the property and line on Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(a),(e) - \$0.00 Brief Everyday clothes. description: \$ 250 Line from 100% of fair market value, up to 11 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$350.00 Brief Watch 350 description: 100% of fair market value, up to Line from 12 Schedule A/B: any applicable statutory limit Brief Checking Account, US Bank, 0.00 735 ILCS 5/12-1001(b) - \$30.00 \$ 0 description: 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit Brief Checking Account, Chase, 120.00 735 ILCS 5/12-1001(b) - \$10.00 \$ 120 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$50.00 Brief Checking Account, Chase, 500.00 \$ 500 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$0.00 Brief Term life insurance. No cash \$ 0 description: value Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$1,560.00 Brief Accounts receivable. \$ 10,000 description: Line from 100% of fair market value, up to 38 Schedule A/B: any applicable statutory limit Brief Telecommunications tools. 735 ILCS 5/12-1001(d) - \$1,500.00 \$ 1,000 **\_\_\_\$** 1,500 description: Line from 100% of fair market value, up to 40 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes.

| Fill in this in                 | formation to identify                  |                            | Filod 06/20/16   | Entered 06/29/1<br>8 of 62      | 6 12:37:22                         | Desc Main                              |                   |
|---------------------------------|--|----------------------------|--|---------------------------------|------------------------------------|--|-------------------|
| Debtor 1                        | James                                  | Frank                      | Waldron  |                                 |                                    |  |                   |
|                                 | First Name                             | Middle Name                | Last Name  |                                 |                                    |  |                   |
| Debtor 2<br>(Spouse, if filing) | First Name                             | Middle Name                | Last Name  |                                 |                                    |  |                   |
| United States                   | Bankruptcy Court for th                | e : <u>NORTHERN</u> Dist   | rict of ILLINOIS   |                                 |                                    |  |                   |
| Case Number                     |  |                            | (State)  |                                 |                                    | Check if this                          | s is an           |
| (If known)                      | · <del></del>                          |                            | <del></del>  |                                 |                                    | amended fil                            | ing               |
| Official F                      | orm 106D                               |                            |  |                                 |                                    |  |                   |
|                                 |  | Who Have C                 | laims Secured by F   | Property                        |                                    |  | 12/1              |
| Be as complete                  | and accurate as po                     | ssible. If two married     | people are filing together, both<br>I Page, fill it out, number the er     | are equally responsible for     |                                    | ny                                     |                   |
|                                 | · •                                    | and case number (if k      | •  |                                 | •                                  |  |                   |
| _                               |  | ecured by your prope       | -  |                                 |                                    |  |                   |
|                                 |  |                            | urt with your other schedules. Yo  | ou have nothing else to report  | on this form.                      |  |                   |
| Yes. Fi                         | Il in all of the informat              | tion below.                |  |                                 |                                    |  |                   |
| Part 1:                         | List All Secured Clain                 | 15                         |  |                                 |                                    |  |                   |
|                                 |  |                            |  |                                 | Column A                           | Column A                               | Column C          |
|                                 |  |                            | ne secured claim, list the credito<br>ular claim, list the other creditors | •                               | Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                                 |  |                            | der according to the creditors na  |                                 | value of collateral                | claim                                  | If any            |
| 2.1 Jared-C                     | Galleria OF JWLR                       |                            | Describe the property that secure  | es the claim:                   | \$_1,173.00                        | <u>\$</u> 200.00                       | <u>\$ 973.00</u>  |
| Creditor's<br>375 Gh            |  |                            | Small diamond ring.  |                                 |                                    |  |                   |
| Number                          | Street                                 |                            |  |                                 |                                    |  |                   |
|                                 |  |                            | As of the date you file, the claim   | is: Check all that apply.       | _                                  |  |                   |
| Fairless                        | _                                      | OLL 44222                  | Contingent   |                                 |                                    |  |                   |
| Fairlaw<br>City                 |  | OH 44333<br>State Zip Code | Unliquidated   |                                 |                                    |  |                   |
|                                 |  | ·                          | Disputed   |                                 |                                    |  |                   |
|                                 | s the debt? Check one.                 |                            | Nature of Lien. Check all that apply                                       |                                 |                                    |  |                   |
| Debtor                          | •                                      |                            | An agreement you made (such a car loan)                                    | s mortgage or secured           |                                    |  |                   |
| =                               | 1 and Debtor 2 only                    |                            | Statutory lien (such as tax lien, m  | nechanic's lien)                |                                    |  |                   |
| =                               | t one of the debtors and               | another                    | Judgment lien from a lawsuit   | ,                               |                                    |  |                   |
|                                 |  |                            | Other (including a right to offset)  |                                 |                                    |  |                   |
|                                 | if this claim relates to<br>unity debt | оа                         |  |                                 |                                    |  |                   |
|                                 |  | 012-2016                   | Last 4 digits of account number  | <u>NULL</u>                     |                                    |  |                   |
| 2.2 Liebern                     | nan Management Se                      | rvices                     | Describe the property that secure  | es the claim:                   | \$ 0.00                            | \$ <u>135,000.00</u>                   | \$ 0.00           |
| Creditor's                      |  |                            | 987 Manchester Circle Grayslak   | e IL 60030 - Primary            | 7                                  |  |                   |
|                                 | hwest Point, Suite 33                  | 80                         | Residence  |                                 |                                    |  |                   |
| Number                          | Street                                 |                            | A  | in Obselvall that are by        |                                    |  |                   |
|                                 |  |                            | As of the date you file, the claim Contingent                              | <b>is:</b> Спеск ан that apply. |                                    |  |                   |
| Elk Gro                         | ve Village                             | IL 60007                   | Unliquidated   |                                 |                                    |  |                   |
| City                            |  | State Zip Code             | Disputed   |                                 |                                    |  |                   |
| Who owes                        | s the debt? Check one.                 |                            | Nature of Lien. Check all that apply                                       | y.                              |                                    |  |                   |
| Debtor                          | 1 only                                 |                            | An agreement you made (such a  | s mortgage or secured           |                                    |  |                   |
| Debtor                          | •                                      |                            | car loan)  |                                 |                                    |  |                   |
| =                               | 1 and Debtor 2 only                    | anathar                    | Statutory lien (such as tax lien, m  | nechanic's lien)                |                                    |  |                   |
| At least                        | t one of the debtors and               | another                    | Judgment lien from a lawsuit  Other (including a right to offset)          |                                 |                                    |  |                   |
|                                 | if this claim relates to               | оа                         | L  |                                 |                                    |  |                   |
|                                 | unity debt<br>was incurred             |                            | Last 4 digits of account number  |                                 |                                    |  |                   |
| 2410 2001                       |  |                            |  |                                 |                                    |  |                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>1,173.00</u>

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James Debtor 1

Frank

Document

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Column A Column A Column C Additional Page Amount of claim Value of collateral Unsecured Part 1: After Isiting any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim If any value of collateral \$ 9,337.00 \$ 1,637.00 \$ 7,700.00 2.3 Describe the property that secures the claim: Springleaf Financial S 2005 Dodge Durango with over 250,000 miles Creditor's Name 1312 S Milwaukee Ave Street Number As of the date you file, the claim is: Check all that apply. Contingent Libertyville 60048 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Nature of Lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt 2015-2016 3458 Date Debt was incurred Last 4 digits of account number 2.4 **\$** 156,219.00 **\$** 135,000.00 \$ 21,219.00 Describe the property that secures the claim: US BANK HOME Mortgage 987 Manchester Circle Grayslake IL 60030 - Primary Creditor's Name 4801 Frederica St Residence Number Street As of the date you file, the claim is: Check all that apply. Contingent Owensboro KY 42301 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Nature of Lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>166,729.00</u>

community debt

Date Debt was incurred

2009-2016

2207

| Fill                             | in this                                | Caso 16 27  |   | 1 Filod 06/20/16   | Entered 06/<br>0 of 6                   | /29/16 12:37:22<br>2  | Desc Main          |                |
|----------------------------------|--|---|---|--|---|---|--------------------|----------------|
| Do                               | btor 1                                 | James   | Frank   | Waldron  |   |   |                    |                |
| De                               | Dtor 1                                 | First Name  | Middle Name   | Last Name  |   |   |                    |                |
| De                               | btor 2                                 |   |   |  |   |   |                    |                |
| (Spo                             | ouse, if filing                        | g) First Name   | Middle Name   | Last Name  |   |   |                    |                |
| Un                               | ited Stat                              | tes Bankruptcy Court for the                          | NORTHERN D  | histrict of ILLINOIS   |   |   |                    |                |
|                                  |  |   |   | (State)  |   |   | ☐ Check if         | this is an     |
|                                  | se Numl<br>known)                      | per   |   |  |   |   | amende             |                |
| )ffi                             | cial                                   | Form 106E/F   |   |  |   |   |                    | o .            |
|                                  |  |   |   |  |   |   |                    | 40/45          |
|                                  |  |   |   | e Unsecured Claims or creditors with PRIORITY claims a                             |   |   |                    | 12/15          |
| /B: P<br>redito<br>eede<br>op of | <i>ropert</i> y<br>ors with<br>d, copy | y (Official Form 106A/B)<br>h partially secured claim | and on Schedule s that are listed in out, number the our ur name and case |  | oired Leases (Offic<br>Claims Secured b | ial Form 106G). Do not incl<br>y <i>Property</i> . If more space is | ude any            |                |
| 1 D                              | n anv c                                | reditors have priority un                             | secured claims a  | gainst you?  |   |   |                    |                |
|                                  | ,                                      | Go to Part 2.   | iscourca ciannis a  | gumst you.   |   |   |                    |                |
|                                  | _                                      | G0 10 Part 2.   |   |  |   |   |                    |                |
|                                  | Yes.                                   | f vour priority upsocuro                              | d claime If a credi   | tor has more than one priority unsec   | ured claim, list the                    | creditor congrately for each  | claim For          |                |
|                                  |  |   |   | claim has both priority and nonprior   |   | • •   |                    |                |
|                                  |  | -   |   | aims in alphabetical order according   |   | <u>-</u>  | • •                |                |
|                                  |  |   |   | art 1. If more than one creditor holds<br>structions for this form in the instruct | · ·                                     | list the other creditors in Pa                                      | rt 3.              |                |
| (1                               | or arr c                               | explanation of odoli typo o                           | or ordini, occ and an   |  | ion bookiet.)                           | Total claim   | Priority           | Nonpriority    |
|                                  | ا ا                                    | in Department of Devenue                              | _   |  |   | 2 650 00  | amount             | amount         |
| 2.1                              | l ——                                   | is Department of Revenue<br>or's Name                 | <del></del>   | Last 4 digits of account number  |   | \$ <u>3,650.00</u>  | <u>\$ 3,650.00</u> | \$ <u>0.00</u> |
|                                  |  | ox 64338  |   | When was the debt incurred?  | 2013-2015                               |   |                    |                |
|                                  | Numbe                                  | er Street   |   |  |   |   |                    |                |
|                                  |  |   |   | As of the date you file, the claim is:   | Check all that apply.                   |   |                    |                |
|                                  | Chics                                  | ago IL  | 60664-0338  | Contingent   |   |   |                    |                |
|                                  | Chica                                  | <u> </u>  | ate Zip Code  | Unliquidated   |   |   |                    |                |
| \                                |  | ves the debt? Check one.                              |   | Disputed   |   |   |                    |                |
|                                  | =                                      | or 1 only   |   |  |   |   |                    |                |
|                                  | =                                      | or 2 only   |   | Type of PRIORITY unsecured claim   | :                                       |   |                    |                |
| ļ                                | =                                      | or 1 and Debtor 2 only                                |   | Domestic support obligations  Taxes and certain other debts you of                 | owe the government                      |   |                    |                |
|                                  | =                                      | ast one of the debtors and ar                         |   | raxes and certain other debts you o  | owe the government                      |   |                    |                |
| ı                                | _                                      | ck if this claim relates to a<br>munity debt          | I   | Claims for death or personal injury  | while you were                          |   |                    |                |
| 1                                |  | laim subject to offest?                               |   | intoxicated  | , 555 11010                             |   |                    |                |
|                                  | No                                     |   |   | Other. Specify   |   |   |                    |                |
|                                  | Yes                                    |   |   |  |   |   |                    |                |

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**Your PRIORITY Unsecured Claims - Continuation Page** 

| After | listing any entries on this page, number them be                                   | ginning with 2.3, followed by 2.4, and so forth.  | Total claim         | Priority amount      | Nonpriority amount |
|-------|--|---|---------------------|----------------------|--------------------|
| 2.2   | IRS Priority Debt  | Last 4 digits of account number   | <b>\$</b> _6,500.00 | \$ <u>6,500.00</u>   | \$ <u>0.00</u>     |
|       | Creditor's Name   PO Box 7346  | When was the debt incurred? 2015  |                     |                      |                    |
|       | Philadelphia PA 19101  | As of the date you file, the claim is: Check all that apply.  Contingent  |                     |                      |                    |
|       | City State Zip Code  Who owes the debt? Check one.  Debtor 1 only                  | Unliquidated Disputed   |                     |                      |                    |
|       | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another | Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government |                     |                      |                    |
|       | Check if this claim relates to a community debt Is the claim subject to offest?    | Claims for death or personal injury while you were intoxicated  |                     |                      |                    |
|       | No Yes   | Other. Specify  |                     |                      |                    |
| 2.3   | IRS Priority Debt  Creditor's Name   | Last 4 digits of account number   | \$ 8,400.00         | \$ <u>8,400.00</u>   | \$_0.00            |
|       | PO Box 7346  Number Street   | When was the debt incurred? 2014  |                     |                      |                    |
|       |  | As of the date you file, the claim is: Check all that apply.  |                     |                      |                    |
|       | Philadelphia PA 19101 City State Zip Code  | ☐ Contingent ☐ Unliquidated ☐ Disputed  |                     |                      |                    |
|       | Who owes the debt? Check one.  Debtor 1 only                                       |   |                     |                      |                    |
|       | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another | Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government |                     |                      |                    |
|       | Check if this claim relates to a community debt                                    | Claims for death or personal injury while you were  |                     |                      |                    |
|       | Is the claim subject to offest?  | intoxicated  Other. Specify   |                     |                      |                    |
| 2.4   | IRS Priority Debt  | Last 4 digits of account number   | \$_13,800.00        | <b>\$</b> _13,800.00 | \$_0.00            |
|       | Creditor's Name PO Box 7346  Number Street   | When was the debt incurred? 2013  |                     |                      |                    |
|       | Philadelphia PA 19101  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                 |                     |                      |                    |
|       | City State Zip Code Who owes the debt? Check one.  Debtor 1 only                   | Disputed  |                     |                      |                    |
|       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government |                     |                      |                    |
|       | Check if this claim relates to a community debt  Is the claim subject to offest?   | Claims for death or personal injury while you were intoxicated  |                     |                      |                    |
|       | No Yes   | Other. Specify  |                     |                      |                    |

Schedule E/F: Creditors Who Have Unsecured Claims

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Last Name

| Pa  | Part 21  List All of Your NONPRIORITY Unsecured Claims  |   |                    |  |  |  |  |
|-----|---|---|--------------------|--|--|--|--|
| 3.  | Oo any creditors have nonpriority unsecured claim   | ms against you?   |                    |  |  |  |  |
| [   | No. You have nothing to report in this part. Submit this form to the court with your other schedules. |   |                    |  |  |  |  |
|     | Yes.  |   |                    |  |  |  |  |
| r   | nonpriority unsecured claim, list the creditor separa-  | e alphabetical order of the creditor who holds each claim. If a creditor has more than one tely for each claim. For each claim listed, identify what type of claim it is. Do not list claims already particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured |                    |  |  |  |  |
|     | T AMEY  | AII II I  | Total claim        |  |  |  |  |
| 4.1 | AMEX Creditor's Name  | Last 4 digits of account number NULL  | \$ <u>1,977.00</u> |  |  |  |  |
|     | Po Box 297871   | When was the debt incurred? 1990-2016   |                    |  |  |  |  |
|     | Number Street   |   |                    |  |  |  |  |
|     |   | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | Fort Lauderdale FL 33329  | Contingent  |                    |  |  |  |  |
|     | City State Zip Code   | Unliquidated  |                    |  |  |  |  |
|     | Who owes the debt? Check one.   | Disputed  |                    |  |  |  |  |
|     | Debtor 1 only   |   |                    |  |  |  |  |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                    |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | Student loans   |                    |  |  |  |  |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                    |  |  |  |  |
|     | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts   |                    |  |  |  |  |
|     | Is the claim subject to offest?   |   |                    |  |  |  |  |
|     | No  | Other. Specify Credit Card or Credit Use  |                    |  |  |  |  |
| 4.2 | Yes<br>AMEX   | Last 4 digits of account number   | <b>\$</b> 3,914.00 |  |  |  |  |
| 4.2 | Creditor's Name   | Last 4 digits of account number   | <u> </u>           |  |  |  |  |
|     | PO Box 297812   | When was the debt incurred?   |                    |  |  |  |  |
|     | Number Street   |   |                    |  |  |  |  |
|     |   | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | Ft Lauderdale FL 33329  | Contingent  |                    |  |  |  |  |
|     | City State Zip Code   | Unliquidated  |                    |  |  |  |  |
|     | Who owes the debt? Check one.   | Disputed  |                    |  |  |  |  |
|     | Debtor 1 only   |   |                    |  |  |  |  |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                    |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |                    |  |  |  |  |
|     | At least one of the debtors and another   | that you did not report as priority claims  |                    |  |  |  |  |
|     | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts   |                    |  |  |  |  |
|     | Is the claim subject to offest?   |   |                    |  |  |  |  |
|     | ■ No  | Other. Specify  |                    |  |  |  |  |
| 4.3 | Yes Avant INC   | Last 4 digits of account number 4591  | \$ 563.00          |  |  |  |  |
| 7.0 | Creditor's Name   |   |                    |  |  |  |  |
|     | 640 N Lasalle St  | When was the debt incurred? 2014-2016   |                    |  |  |  |  |
|     | Number Street   |   |                    |  |  |  |  |
|     |   | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | Chicago IL 60654  | Contingent  |                    |  |  |  |  |
|     | City State Zip Code   | Unliquidated  |                    |  |  |  |  |
|     | Who owes the debt? Check one.   | Disputed  |                    |  |  |  |  |
|     | Debtor 1 only   |   |                    |  |  |  |  |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  Student loans   |                    |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  At least one of the debtors and another                                   | Obligations arising out of a separation agreement or divorce  |                    |  |  |  |  |
|     | Check if this claim relates to a  | that you did not report as priority claims  |                    |  |  |  |  |
|     | community debt  | Debts to pension or profit-sharing plans, and other similar debts   |                    |  |  |  |  |
|     | Is the claim subject to offest?   |   |                    |  |  |  |  |
|     | ■ No  | Other. Specify Personal Loan  |                    |  |  |  |  |
|     | <u></u> Yes   |   |                    |  |  |  |  |

First Name

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Case Number (if known) Document James Frank Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Capital ONE BANK USA N **\$** 1,963.00 Last 4 digits of account number \_\_\_\_ Creditor's Name

|     | 15000 Capital One Dr                               | When was the debt incurred? 2015-2016                             |
|-----|--|---|
|     | Number Street                                      |   |
|     |  |   |
|     |  | As of the date you file, the claim is: Check all that apply.      |
|     | Disharand VA 02020                                 | Contingent  |
|     | Richmond VA 23238                                  | Unliquidated  |
| ,   | City State Zip Code  Who owes the debt? Check one. | Disputed  |
| ï   |  |   |
|     | Debtor 1 only                                      |   |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |
|     | Debtor 1 and Debtor 2 only                         | Student loans   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |
| - 1 | Check if this claim relates to a                   | that you did not report as priority claims                        |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |
| ļ   | s the claim subject to offest?                     | <del>-</del>  |
|     | No   | Other, Specify Credit Card or Credit Use                          |
|     | Yes  | Siller Option y   |
| 4.5 | CBNA   | Last 4 digits of account number NULL \$ 3,589.00                  |
| 7.0 | Creditor's Name                                    |   |
|     | 6400 Los Colinas Blvd                              | When was the debt incurred? 2005-2016                             |
|     | Number Street                                      | <del></del>   |
|     | Trainist.  |   |
|     |  | As of the date you file, the claim is: Check all that apply.      |
|     | TV 75000   | Contingent  |
|     | Irving TX 75039                                    | Unliquidated  |
| ,   | City State Zip Code  Who owes the debt? Check one. | ☐ Disputed  |
| ľ   |  |   |
|     | Debtor 1 only                                      |   |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |
|     | Debtor 1 and Debtor 2 only                         | U Student loans   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |
|     | Check if this claim relates to a                   | that you did not report as priority claims                        |
| ,   | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |
| ļ   | s the claim subject to offest?                     | <del>-</del>  |
|     | No   | Other, Specify Credit Card or Credit Use                          |
|     | Yes  | Siller Option   |
| 4.6 | Chase CARD   | Last 4 digits of account number NULL \$935.00                     |
| 1.0 | Creditor's Name                                    |   |
|     | Po Box 15298                                       | When was the debt incurred? 2007-2016                             |
|     | Number Street                                      |   |
|     |  |   |
|     |  | As of the date you file, the claim is: Check all that apply.      |
|     | Wilmington DE 19850                                | Contingent  |
|     |  | Unliquidated  |
| ,   | City State Zip Code  Who owes the debt? Check one. | ☐ Disputed  |
| ĺ   | Debtor 1 only                                      | _   |
| 1   | =  |   |
| ļ   | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |
|     | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |
|     | Check if this claim relates to a                   | that you did not report as priority claims                        |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |
|     | s the claim subject to offest?                     |   |
|     | No   | Other. Specify Credit Card or Credit Use                          |
|     | Yes  | <b>-</b> · · · · · · · · · · · · · · · · · · ·                    |

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| 1 0 BOX 0241                                      |  |                                       |
|---|--|---------------------------------------|
| Number Street                                     |  |                                       |
|   | As of the date you file, the claim is: Check all that apply.       |                                       |
|   | Contingent   |                                       |
| Sioux Falls SD 57117                              | ☐ Unliquidated   |                                       |
| City State Zip Code                               | Disputed   |                                       |
| Who owes the debt? Check one.                     |  |                                       |
| Debtor 1 only                                     |  |                                       |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                                       |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans  |                                       |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                                       |
| Check if this claim relates to a                  | that you did not report as priority claims                         |                                       |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts  |                                       |
| Is the claim subject to offest?                   |  |                                       |
| No  | Other. Specify Credit Card or Credit Use                           |                                       |
| Yes A g Kohls/Capone                              | Last 4 digits of account number NULL                               | <b>\$</b> 839.00                      |
| Creditor's Name                                   | Last 4 digits of account number NULL                               | <b>\$</b>                             |
| N56 W 17000 Ridgewood Dr                          | When was the debt incurred? 2005-2016                              |                                       |
| Number Street                                     |  |                                       |
| Number Street                                     |  |                                       |
|   | As of the date you file, the claim is: Check all that apply.       |                                       |
| Menomonee Falls WI 53051                          | Contingent   |                                       |
|   | Unliquidated   |                                       |
| City State Zip Code Who owes the debt? Check one. | Disputed   |                                       |
| Debtor 1 only                                     | _  |                                       |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                                       |
| Debtor 1 and Debtor 2 only                        | Student loans  |                                       |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                                       |
|   | that you did not report as priority claims                         |                                       |
| Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts  |                                       |
| Is the claim subject to offest?                   | Debts to perision of profit-sharing plans, and other similar debts |                                       |
| No  | Other. Specify Credit Card or Credit Use                           |                                       |
| Yes   | Other. Specify Oreal Sara of Oreal Sac                             |                                       |
| 4.9 Mcydsnb                                       | Last 4 digits of account number NULL                               | \$ 508.00                             |
| Creditor's Name                                   |  | · · · · · · · · · · · · · · · · · · · |
| 9111 Duke Blvd                                    | When was the debt incurred? 2014-2016                              |                                       |
| Number Street                                     |  |                                       |
|   | As of the date you file the plain is. Check all that apply         |                                       |
|   | As of the date you file, the claim is: Check all that apply.       |                                       |
| Mason OH 45040                                    | Contingent   |                                       |
| City State Zip Code                               | Unliquidated   |                                       |
| Who owes the debt? Check one.                     | Disputed   |                                       |
| Debtor 1 only                                     |  |                                       |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                                       |
| Debtor 1 and Debtor 2 only                        | Student loans  |                                       |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                                       |
| Check if this claim relates to a                  | that you did not report as priority claims                         |                                       |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts  |                                       |
| Is the claim subject to offest?                   | <del>_</del>   |                                       |
| No  | Other. Specify Credit Card or Credit Use                           |                                       |
| Yes   |  |                                       |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| PayPal Credit         Last 4 digits of account number           Creditor's Name         PO Box 5138         When was the debt incurred?   | \$ <u>1,950.00</u> |
|---|--------------------|
|   |                    |
|   |                    |
| Number Street   |                    |
| As of the date you file, the claim is: Check all that apply.  |                    |
| Contingent Timonium MD 21094  |                    |
| City State Zip Code Unliquidated  |                    |
| Who owes the debt? Check one.   |                    |
| Debtor 1 only   |                    |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:   |                    |
| Debtor 1 and Debtor 2 only  |                    |
| At least one of the debtors and another   Dobligations arising out of a separation agreement or divorce   |                    |
| Check if this claim relates to a that you did not report as priority claims   |                    |
| community debt Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?   |                    |
| No Other. Specify Credit Card or Credit Use   |                    |
| Yes  A 11 Syncb/CARCARE ONE Last 4 digits of account number NULL  | <b>\$</b> 816.00   |
| 4.11 SYNCO/CARCARE ONE Last 4 digits of account numberNOLL  | \$ 010.00          |
| C/O Po Box 965036 When was the debt incurred? 2014-2016   |                    |
| Number Street   |                    |
| As of the date you file, the claim is: Check all that apply.  |                    |
|   |                    |
| ☐ Contingent Orlando FL 32896 ☐ Unit of the last of t |                    |
| City State Zip Code Unliquidated  |                    |
| Who owes the debt? Check one.   |                    |
| Debtor 1 only   |                    |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:   |                    |
| Debtor 1 and Debtor 2 only  Student loans   |                    |
| At least one of the debtors and another  Obligations arising out of a separation agreement or divorce   |                    |
| Check if this claim relates to a that you did not report as priority claims   |                    |
| community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest?  |                    |
|   |                    |
| ■ No Other. Specify Credit Card or Credit Use  Yes  |                    |
| 4.12 Syncb/SAMS CLUB DC Last 4 digits of account number NULL  | \$_4,774.00        |
| Creditor's Name   |                    |
| Po Box 965005 When was the debt incurred? 2005-2016   |                    |
| Number Street   |                    |
| As of the date you file, the claim is: Check all that apply.  |                    |
| Contingent  |                    |
| Orlando FL 32896 Unliquidated   |                    |
| City State Zip Code Disputed  |                    |
| Debtor 1 only   |                    |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:   |                    |
| Debtor 1 and Debtor 2 only  Student loans   |                    |
| At least one of the debtors and another  Obligations arising out of a separation agreement or divorce   |                    |
| Check if this claim relates to a that you did not report as priority claims   |                    |
| community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest?  |                    |
| No Other. Specify Credit Card or Credit Use   |                    |
| Yes Other. Specify  |                    |

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Case Number (if known) Document James Frank Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.  Total C |   |  |                    |  |  |
|---|---|--|--------------------|--|--|
| 4.13  | US BANK   | Last 4 digits of account number NULL                                   | <b>\$</b> 1,788.00 |  |  |
|   | Creditor's Name   | 0000 0040  |                    |  |  |
|   | 4325 17Th Ave S   | When was the debt incurred? 2006-2016                                  |                    |  |  |
|   | Number Street   |  |                    |  |  |
|   |   | As of the date you file, the claim is: Check all that apply.           |                    |  |  |
|   |   | Contingent   |                    |  |  |
|   | Fargo ND 58125  | Unliquidated   |                    |  |  |
|   | City State Zip Code  Who owes the debt? Check one.                  | Disputed   |                    |  |  |
| ľ   |   |  |                    |  |  |
|   | Debtor 1 only Debtor 2 only   | Time of NONDRIORITY are assured alsimo                                 |                    |  |  |
|   | <b>=</b>  | Type of NONPRIORITY unsecured claim:  Student loans                    |                    |  |  |
|   | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce           |                    |  |  |
|   | At least one of the debtors and another                             | that you did not report as priority claims                             |                    |  |  |
| L   | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts      |                    |  |  |
| ls  | s the claim subject to offest?                                      | Debts to pension of profit-sharing plans, and other similar debts      |                    |  |  |
| Ï   | No  | Other. Specify Credit Card or Credit Use                               |                    |  |  |
|   | Yes   | Outer, opening   |                    |  |  |
| 4.14  | US BANK   | Last 4 digits of account number NULL                                   | <b>\$</b> 3,828.00 |  |  |
|   | Creditor's Name   | 0040 0040  |                    |  |  |
|   | 4325 17Th Ave S   | When was the debt incurred? 2010-2016                                  |                    |  |  |
|   | Number Street   |  |                    |  |  |
|   |   | As of the date you file, the claim is: Check all that apply.           |                    |  |  |
|   |   | Contingent   |                    |  |  |
|   | Fargo ND 58125  | Unliquidated   |                    |  |  |
| v   | City State Zip Code  Vho owes the debt? Check one.                  | Disputed   |                    |  |  |
| l   | Debtor 1 only   |  |                    |  |  |
|   | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                   |                    |  |  |
|   | <b>=</b>  | Student loans  |                    |  |  |
|   | Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separation agreement or divorce           |                    |  |  |
|   |   | that you did not report as priority claims                             |                    |  |  |
| L   | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts      |                    |  |  |
| ls ls   | s the claim subject to offest?                                      | Debte to periodicit of profit ordering plane, and other offinial debte |                    |  |  |
|   | No  | Other, Specify Credit Card or Credit Use                               |                    |  |  |
|   | Yes   |  |                    |  |  |
| 4.15  | US BANK Hogan LOC   | Last 4 digits of account numberNULL                                    | \$ <u>1,910.00</u> |  |  |
|   | Creditor's Name   | 2010 2016  |                    |  |  |
|   | Po Box 5227   | When was the debt incurred? 2010-2016                                  |                    |  |  |
|   | Number Street   |  |                    |  |  |
|   |   | As of the date you file, the claim is: Check all that apply.           |                    |  |  |
|   | 01  | Contingent   |                    |  |  |
|   | Cincinnati OH 45201   | Unliquidated   |                    |  |  |
| _ v   | City State Zip Code Who owes the debt? Check one.                   | Disputed   |                    |  |  |
|   | Debtor 1 only   |  |                    |  |  |
| <u> </u>  | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                   |                    |  |  |
| [   | Debtor 1 and Debtor 2 only  | Student loans  |                    |  |  |
| [   | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce           |                    |  |  |
| [   | Check if this claim relates to a                                    | that you did not report as priority claims                             |                    |  |  |
| .   | community debt  | Debts to pension or profit-sharing plans, and other similar debts      |                    |  |  |
|   | s the claim subject to offest?                                      | Credit Cord or Credit Llee   |                    |  |  |
|   | Yes   | Other. Specify Credit Card or Credit Use                               |                    |  |  |
|   |   |  |                    |  |  |

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List Others to Be Notified for a Debt That You Already Listed

James

Debtor 1

| 5. | Use this page only if you have others to be notified about example, if a collection agency is trying to collect from you, then list the collection agency here. Similarly, if you ha additional creditors here. If you do not have additional pe | ou for a debt you<br>we more than one | owe to someone else, list the original e creditor for any of the debts that you | creditor in Parts 1 or<br>ı listed in Parts 1 or 2, list the |
|----|--|---------------------------------------|---|--|
|    | Paypal/GECRB   |                                       | On which entry in Part 1 or Part 2 li   | st the original creditor?                                    |
|    | Name<br>PO Box 965005  |                                       | Line 10 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims             |
|    | Number Street  |                                       |   | Part 2: Creditors with Nonpriority Unsecured Claims          |
|    |  |                                       |   |  |
|    | Orlando F  | L 32896                               | Last 4 digits of account number   |  |
|    | City State Z   | ip Code                               |   |  |

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James Debtor 1

Frank

Document

Add the Amounts for Each Type of Unsecured Claim

|                          |   |     | Total claim |                |
|--------------------------|---|-----|-------------|----------------|
| otal claims<br>om Part 1 | 6a. Domestic support obligations  | 6a. | \$          | 0.00           |
| on ruit r                | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$3         | 2,350.00       |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00           |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$          | 0.00           |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$3         | 2,350.00<br>—— |
|                          |   |     | Total claim |                |
| otal claims              | 6f. Student loans   | 6f. | \$          | 0.00           |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00           |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00           |
|                          | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$3         | 3,242.00       |
|                          | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$ 3        | 3,242.00       |

Schedule E/F: Creditors Who Have Unsecured Claims

|                     |  | Caso 16   |  | Filad 06/20/16              | Ento                                 |  | 12:37:22                                       | Desc Main                   |       |
|---------------------|--|---|--|-----------------------------|--------------------------------------|--|--|-----------------------------|-------|
| Fill                | in this in   | ormation to ident   | tify your case:  |                             |                                      | 9 of 62  |  |                             |       |
| De                  | btor 1   | James   | Frank  | Waldron                     | -                                    |  |  |                             |       |
| Do                  | btor 2   | First Name  | Middle Name  | Last Name                   |                                      |  |  |                             |       |
|                     | ouse, if filing)                                   | First Name  | Middle Name  | Last Name                   | -                                    |  |  |                             |       |
| Un                  | ited States  | Bankruptcy Court for  | the : <u>NORTHERN</u> District of _  | ILLINOIS                    |                                      |  |  |                             |       |
|                     | se Number  |   |  | (State)                     |                                      |  |  | Check if this amended filir |       |
| Offi                | cial Fo  | orm 106G  |  |                             |                                      | _  |  | amenaca iiii                | 19    |
|                     |  |   | ory Contracts and  | Uneynired Les               | 1989                                 |  |  |                             | 12/15 |
| nformaddition 1. Do | nation. If nonal pages o you hav No. Che Yes. Fill | nore space is needs, write your name e any executory ceck this box and so in all of the information ely each person cely each person ce | possible. If two married people ded, copy the additional page e and case number (if known) contracts or unexpired leases' ubmit this form to the court with nation below even if the contractor company with whom you havell phone). See the instruction | , fill it out, number the e | ontries, and  ou have no  Schedule i | attach it to this page thing else to report of A/B: Property (Official te what each contract | e. On the top of a n this form. I Form 106A/B) | nny<br>for                  |       |
| ur                  | nexpired le  | ases.   | nom you have the contract or l   |                             | addion boo                           | ·  | contract or leas                               |                             |       |
| 2.1                 |  |   |  |                             |                                      |  |  |                             |       |
| 2.1                 | Name   |   |  |                             | _                                    |  |  |                             |       |
|                     | Normalia   | Observat  |  |                             | _                                    |  |  |                             |       |
|                     | Number   | Street  |  |                             |                                      |  |  |                             |       |
|                     | City   |   | State Zip  | Code                        | _                                    |  |  |                             |       |
| 2.2                 |  |   |  |                             |                                      |  |  |                             |       |
|                     | Name   |   |  |                             | _                                    |  |  |                             |       |
|                     | Number   | Street  |  |                             | _                                    |  |  |                             |       |
|                     | City   |   | State Zip  | Code                        | _                                    |  |  |                             |       |
| 2.3                 |  |   |  |                             |                                      |  |  |                             |       |
|                     | Name   |   |  |                             | _                                    |  |  |                             |       |
|                     | Number   | Street  |  |                             | _                                    |  |  |                             |       |
|                     | City   |   | State Zip  | Code                        | _                                    |  |  |                             |       |
| 2.4                 |  |   |  |                             |                                      |  |  |                             |       |
|                     | Name   |   |  |                             | _                                    |  |  |                             |       |
|                     | Number   | Street  |  |                             | _                                    |  |  |                             |       |
|                     | City   |   | State Zip  | Code                        | _                                    |  |  |                             |       |
| 2.5                 |  |   |  |                             |                                      |  |  |                             |       |
|                     | Name   |   |  |                             | _                                    |  |  |                             |       |
|                     | Number   | Street  |  |                             | _                                    |  |  |                             |       |
|                     | 50.  |   |  |                             |                                      |  |  |                             |       |

City

Official Form 106G

State Zip Code

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| Fill in this in     | Fill in this information to identify your case:                                      |             |           |  |  |  |
|---------------------|--|-------------|-----------|--|--|--|
| Debtor 1            | James  | Frank       | Waldron   |  |  |  |
|                     | First Name   | Middle Name | Last Name |  |  |  |
| Debtor 2            | -  |             |           |  |  |  |
| (Spouse, if filing) | First Name   | Middle Name | Last Name |  |  |  |
| United States       | United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> |             |           |  |  |  |
| Case Number         | (State)  |             |           |  |  |  |
| (If known)          |  |             |           |  |  |  |

12/15

# Official Form 106H

Schedule H: Your Codebtors

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. |                    |  |                                |                     |  |  |  |  |
|--|--------------------|--|--------------------------------|---------------------|--|--|--|--|
| 1. <b>D</b>  | o you have any coo | ebtors? (If you are filing a joint                                       | case, do not list either spous | se as a codebtor.)  |  |  |  |  |
|  | No.                |  |                                |                     |  |  |  |  |
|  | Yes                |  |                                |                     |  |  |  |  |
|  | =                  | s, have you lived in a commur<br>aho, Lousiiana, Nevada, New M           |                                |                     | roperty states and territories include<br>Visconsin.)                            |  |  |  |
|  | No. Go to line 3.  |  |                                |                     |  |  |  |  |
|  | Yes. Did your sp   | ouse, former spouse, or legal ed   | uivalent live with you at the  | time?               |  |  |  |  |
|  | _                  | n community state or territory die                                       | d you live?                    | Fill in the n       | ame and current address of that person.  |  |  |  |
|  | Name of your spo   | use, former spouse or legal equivalent                                   |                                |                     |  |  |  |  |
|  | Number St          | reet   |                                |                     |  |  |  |  |
|  | City               |  | State                          | Zip Code            |  |  |  |  |
| 3 In   | -                  | f vour codebtors. Do not inclu   |                                | •                   | is filing with you. List the person  |  |  |  |
|  |                    | Form 106D), Schedule E/F (Off<br>edule G to fill out Column 2.<br>debtor | icial Form 106E/F), or Sche    | dule G (Official Fo | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |  |  |  |
| 3.1  |                    |  |                                |                     | Schedule D, line   |  |  |  |
|  | Name               |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre        | et   |                                |                     | Schedule G, line   |  |  |  |
|  | City               | S  | tate Z                         | Zip Code            |  |  |  |  |
| 3.2  |                    |  |                                | _                   | Schedule D, line   |  |  |  |
|  | Name               |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre        | et   |                                | _                   | Schedule G, line   |  |  |  |
|  | City               | S  | tate Z                         | Zip Code            | _  |  |  |  |
| 3.3  |                    |  |                                | _                   | Schedule D, line   |  |  |  |
|  | Name               |  |                                | _                   | Schedule E/F, line   |  |  |  |
|  | Number Stre        | et   |                                |                     | Schedule G, line   |  |  |  |
|  | City               | S  | tate Z                         | Zip Code            |  |  |  |  |

Official Form 106H Record # 711564 Schedule H: Your Codebtors Page 1 of 1

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| Debtor 1           | James      | Frank       | Waldron   |  |
|--------------------|------------|-------------|-----------|--|
|                    | First Name | Middle Name | Last Name |  |
| ebtor 2            |            |             |           |  |
| spouse, if filing) | First Name | Middle Name | Last Name |  |
|                    | r          |             |           | Check if this is:                          |
| If known)          |            |             |           | An amended filing                          |
|                    |            |             |           | A supplement showing post-petition         |
|                    |            |             |           | chapter 13 income as of the following date |

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment  |                          |                         |              |                                   |  |  |
|----|--|--------------------------|-------------------------|--------------|-----------------------------------|--|--|
| 1. | Fill in your employment information  |                          | Debtor 1                |              | Debtor 2 or non-filling spouse    |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed | ı            | Employed  Not employed            |  |  |
|    | Include part-time, seasonal, or self-employed work.  | Occupation               | Telecommunication       | ons          |                                   |  |  |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name           | Self-employed           |              |                                   |  |  |
|    |  | Employers address        |                         |              |                                   |  |  |
|    | <del>,</del>   |                          |                         | 3            |                                   |  |  |
|    |  | How long employed there? |                         |              |                                   |  |  |
| Pa | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                         |              |                                   |  |  |
|    |  |                          |                         | For Debtor 1 | For Debtor 2 or non-filing spouse |  |  |
| 2. | <ol> <li>List monthly gross wages, salary and commissions (before all payroll<br/>deductions). If not paid monthly, calculate what the monthly wage would be.</li> </ol>   |                          |                         | \$0.00       | \$0.00                            |  |  |
| 3. | 3. Estimate and list monthly overtime pay.   |                          |                         | \$0.00       | \$0.00                            |  |  |
| 4. | 4. Calculate gross income. Add line 2 + line 3.  |                          |                         | \$0.00       | \$0.00                            |  |  |

 Official Form 106I
 Record # 711564
 Schedule I: Your Income
 Page 1 of 2

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Document Frank James Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

|               |                        |   |                                   | For Debtor 1             |         | Debtor 2 or<br>filing spouse |          |            |
|---------------|------------------------|---|-----------------------------------|--------------------------|---------|------------------------------|----------|------------|
|               | Copy                   | / line 4 here   | 4.                                | \$0.00                   |         | \$0.00                       |          |            |
| 5. <b>L</b>   |                        | payroll deductions:   |                                   |                          |         |                              |          |            |
|               |                        | ax, Medicare, and Social Security deductions  | 5a.<br>                           | \$0.00                   |         | \$0.00                       |          |            |
|               | 5b. <b>N</b>           | Mandatory contributions for retirement plans  | 5b.<br>                           | \$0.00                   |         | \$0.00                       |          |            |
|               | 5c. <b>V</b>           | oluntary contributions for retirement plans   | 5c.<br>                           | \$0.00                   |         | \$0.00                       |          |            |
|               | 5d. <b>F</b>           | Required repayments of retirement fund loans  | 5d.                               | \$0.00                   |         | \$0.00                       |          |            |
|               | 5e. lı                 | nsurance  | 5e.                               | \$0.00                   |         | \$0.00                       |          |            |
|               | 5f. <b>C</b>           | Omestic support obligations   | 5f.<br>—                          | \$0.00                   |         | \$0.00                       |          |            |
|               | 5g. <b>L</b>           | Inion dues  | 5g.                               | \$0.00                   |         | \$0.00                       |          |            |
|               |                        | Other deductions. Specify:  | 5h.                               | \$0.00                   |         | \$0.00                       |          |            |
| 6. <b>A</b> d | d the                  | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.                                | \$0.00                   |         | \$0.00                       |          |            |
| 7. <b>C</b> a | alcula                 | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.                                | \$0.00                   |         | \$0.00                       |          |            |
| 8. <b>Li</b>  | st all                 | other income regularly received:  |                                   |                          |         |                              |          |            |
|               | 8a.                    | Net income from rental property and from operating a business,  |                                   |                          |         |                              |          |            |
|               |                        | profession, or farm   |                                   |                          |         |                              |          |            |
|               |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                                   |                          |         |                              |          |            |
|               |                        | monthly net income.   | 8a.                               | \$2,800.00               |         | \$0.00                       |          |            |
|               | 8b.                    | Interest and dividends  | 8b.                               | \$0.00                   |         | \$0.00                       |          |            |
|               | 8c.                    | Family support payments that you, a non-filing spouse, or a   | 8c.                               | \$ 0.00                  |         | \$ 0.00                      |          |            |
|               |                        | dependent regularly receive   |                                   |                          |         |                              |          |            |
|               |                        | Include alimony, spousal support, child support, maintenance, divorce   |                                   |                          |         |                              |          |            |
|               |                        | settlement, and property settlement.  |                                   |                          |         |                              |          |            |
|               | 8d.                    | Unemployment compensation   | 8d.                               | \$0.00                   |         | \$0.00                       |          |            |
|               | 8e.                    | Social Security   | 8e.<br>                           | \$1,604.00               |         | \$0.00                       |          |            |
|               | 8f.                    | Other government assistance that you regularly receive  | 8f.                               | \$0.00                   |         | \$0.00                       |          |            |
|               |                        | Include cash assistance and the value (if known) of any non-cash  |                                   |                          |         |                              |          |            |
|               |                        | assistance that you receive, such as food stamps (benefits under the  |                                   |                          |         |                              |          |            |
|               |                        | Supplemental Nutrition Assistance Program) or housing subsidies.  |                                   |                          |         |                              |          |            |
|               | 0                      | Specify:  |                                   |                          |         | 40.00                        |          |            |
|               | 8g.                    | Pension or retirement income  | 8g.<br>—                          | \$0.00                   |         | \$0.00                       |          |            |
|               | 8h.                    | Other monthly income. Specify:  | 8h.<br>—                          | \$0.00                   |         | \$0.00                       |          |            |
| 9.            | Add                    | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9                                 | \$4,404.00               |         | \$0.00                       |          |            |
| 10.           | Calc                   | ulate monthly income. Add line 7 + line 9.  | 10.                               | \$4,404.00 +             |         | \$0.00                       | <b>S</b> | 4,404.00   |
|               | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | <u> </u>                          | Ţ.,                      |         | 40.00                        |          | 1, 10 1100 |
| 11.           | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent<br>not available to |                          |         |                              | 11       | \$0.00     |
| 12.           |                        | the amount in the last column of line 10 to the amount in line 11. The res  |                                   | •                        |         |                              | 12 💍     | 4 404 00   |
| 40            |                        | e that amount on the Summary of Schedules and Statistical Summary of Ce   |                                   | s and Related Data, if i | applies |                              | 12. \$4  | 4,404.00   |
| 13.           | x I                    | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:  | 17                                |                          |         |                              |          |            |

| Check if this is:  | Fill in this in  | formation to identify yo     | ur case:                    |                                   |                                    |                  |               |
|--|------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------------|------------------|---------------|
| Description   Price    | Debtor 1         | James                        | Frank                       | Waldron                           | Check if this is                   | :                |               |
| Income as of the following date:   Income as of the following date:   Income as as of the following date:   Income as as of the following date:   Income as as of the following date:   Income as as as of the following date:   Income as as as of the   |                  | First Name                   | Middle Name                 | Last Name                         | ı <b>=</b>                         | •                |               |
| United States Barkrypticy Court for the:MORTHESHO (INSTRUCT OF BLENDISE)  Gase Number  | 1                | First Name                   | Middle Name                 | Last Name                         |                                    |                  |               |
| A separate filing for Debtor 2 because Debtor 2  | United States    | Bankruptcy Court for the : _ | NORTHERN DISTRICT (         | OF ILLINOIS                       |                                    |                  |               |
| Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space in needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question.    Is a this a joint case?   |                  | г                            |                             | _                                 | MM / DD /                          | / YYYY           |               |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part t   | Official F       | orm 106 I                    |                             |                                   |                                    | _                |               |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Value   Describe Your Household  |                  |                              |                             |                                   | maintains                          | a separate house | ehold.        |
| more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    27  |                  |                              |                             |                                   |                                    |                  |               |
| 1. Is this a joint case?  X No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents'  No.  Yes  X N | more space is    | -                            |                             |                                   |                                    | _                |               |
| X   No. Go to line 2.   Yes. Doso Debtor 2 live in a separate household?   No.   No.   No.   Yes. Debtor 2 must file a separate Schedule J.  | Part 1:          | Describe Your Household      |                             |                                   |                                    |                  |               |
| Yes. Does Debtor 2 live in a separate household?   No.   Yes. Debtor 2 must file a separate Schedule J.  | 1. Is this a joi | nt case?                     |                             |                                   |                                    |                  |               |
| No.   Yes. Debtor 2 must file a separate Schedule J.   |                  |                              |                             |                                   |                                    |                  |               |
| 2. Do your expenses include expendents   X No  | Yes.             |                              | eparate household?          |                                   |                                    |                  |               |
| Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of your bankruptcy filling date unless you will be applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4c. \$11,000  |                  |                              | t file a separate Schedu    | le J.                             |                                    |                  |               |
| Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of your bankruptcy filling date unless you will be applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4c. \$11,000  |                  |                              |                             |                                   |                                    |                  |               |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not isst the dependents' names.  Do not isste the defendents' names.  Do not isste the defendents | 2. Do you l      | nave dependents?             | X No                        |                                   |                                    | •                |               |
| Do not state the dependents' names.  |                  |                              |                             |                                   | Desici 1 of Desici 2               |                  |               |
| names.    X   No   Yes   X   No   X   You   Yes   X   You   You   Yes   X   You   You   Yes   X   You   You   You   You   You   You   Yo |                  |                              | each deper                  | ident                             |                                    |                  |               |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Stimate Your Ongoing Monthly Expenses   |                  | tate the dependents          |                             |                                   |                                    |                  | x No          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106i.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$0.00  4b. Property, homeowner's, or renter's insurance  4c. \$11,455.00  |                  |                              |                             |                                   |                                    | _                | Yes           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                  |                              |                             |                                   |                                    |                  | X No          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                  |                              |                             |                                   |                                    |                  | Yes           |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Estimate Your Ongoing Monthly Expenses  |                  |                              |                             |                                   |                                    |                  | X No          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$100.00  Ac. Home maintenance, repair, and upkeep expenses  |                  |                              |                             |                                   |                                    |                  |               |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$0.00  4b. Property, homeowner's, or renter's insurance  4b. \$31.00  4c. Home maintenance, repair, and upkeep expenses   |                  |                              |                             |                                   |                                    |                  | X No          |
| expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                  |                              |                             |                                   |                                    |                  | Yes           |
| Estimate Your Ongoing Monthly Expenses  From It is a supplement in a Chapter 13 case to report expenses of a date after the bankruptcy is filed. If this is a supplement in a Chapter 13 case to report expenses  Your expenses  Your expenses  4. \$1,455.00  If not included in line 4:  4a. \$0.00  4b. Property, homeowner's, or renter's insurance  4b. \$31.00  4c. Home maintenance, repair, and upkeep expenses  4c. \$100.00  |                  | •                            | X No                        |                                   |                                    |                  |               |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$1,455.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$100.00  | yourself         | and your dependents?         | Yes                         |                                   |                                    |                  |               |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$1,455.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   | Part 2:          | Estimate Your Ongoing Mo     | onthly Expenses             |                                   |                                    |                  |               |
| the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$1,455.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  | -                |                              |                             |                                   |                                    |                  |               |
| of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$1,455.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                  |                              | picy is filed. If this is a | i supplemental <i>schedule</i> 3, | check the box at the top of the fo | in and min       |               |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$1,455.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$100.00  | -                |                              | =                           | =                                 | <b>N</b>                           |                  | Your expenses |
| any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$1,455.00  4a. \$0.00  4b. \$31.00   |                  |                              |                             |                                   |                                    |                  |               |
| Here to include in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$0.00  4b. \$31.00  |                  | -                            | xpenses for your resid      | lence. Include first mortgage     | e payments and                     | 4.               | \$1,455.00    |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$100.00  |                  | _                            |                             |                                   |                                    |                  | . ,           |
| 4c. Home maintenance, repair, and upkeep expenses  4c. \$100.00  | 4a. Re           | eal estate taxes             |                             |                                   |                                    | 4a.              | \$0.00        |
| 20.7.22  | 4b. Pro          | operty, homeowner's, or r    | enter's insurance           |                                   |                                    | 4b.              | \$31.00       |
| 4d. Homeowner's association or condominium dues 4d. \$245.00   | 4c. Ho           | ome maintenance, repair,     | and upkeep expenses         |                                   |                                    | 4c.              | \$100.00      |
|  | 4d. Ho           | meowner's association o      | r condominium dues          |                                   |                                    | 4d.              | \$245.00      |

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Frank James Debtor 1

Middle Name

First Name

Document

Last Name

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Case Number (if known) \_

|     |   |      | Your expenses  |
|-----|---|------|----------------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   | \$0.           |
| 6.  | Utilities:  |      |                |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$220.         |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$50.          |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  | \$345.         |
|     | 6d. Other. Specify:   | 6d.  | \$ 0.          |
| 7.  | Food and housekeeping supplies  | 7.   | \$400.         |
| 8.  | Childcare and children's education costs  | 8.   | \$0.           |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$70.          |
| 10. | Personal care products and services   | 10.  | \$45.          |
| 11. | Medical and dental expenses   | 11.  | \$30.          |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.   | 12.  | <b>\$190</b> . |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  | \$100.         |
|     | Charitable contributions and religious donations  | 14.  | \$0.           |
|     | Insurance.  |      |                |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |                |
|     | 15a. Life insurance   | 15a. | <b>\$56</b> .  |
|     | 15b. Health insurance   | 15b. | \$168.         |
|     | 15c. Vehicle insurance  | 15c. | <b>\$65</b> .  |
|     | 15d. Other insurance. Specify:  | 15d. | \$0.           |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |                |
|     | Specify:  | 16.  | \$0.           |
| 17. | Installment or lease payments:  |      |                |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$0.           |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$0.           |
|     | 17c. Other. Specify:  | 17c. | \$0.           |
|     | 17d. Other. Specify:  | 17d. | \$0.           |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |                |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  | \$0.           |
| 19. | Other payments you make to support others who do not live with you.                                   |      |                |
|     | Specify:  | 19.  | \$0.           |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |                |
|     | 20a. Mortgages on other property  | 20a. | \$ 0.          |
|     | 20b. Real estate taxes  | 20b. | \$ 0.          |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$ 0.          |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$ 0.          |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$ 0.          |

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James Frank Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: \_ 22.. Your monthly expense: Add lines 4 through 21. \$3,570.00 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$4,404.00 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,570.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$834.00 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 711564 Schedule J: Your Expenses Page 3 of 3

## Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an | n attorney to help you fill out bankruptcy forms?   |
| No  |   |
| Yes. Name of Person                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
|   | ne summary and schedules filed with this declaration and that they are true and               |
| correct.  |   |
| 🗶 /s/ James Frank Waldron                         | ×   |
| Signature of Debtor 1                             | Signature of Debtor 2   |
| Date 06/22/2016                                   | Date  |
| MM / DD / YYYY                                    | MM / DD / YYYY  |
|   |   |

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| Fill in this in           | formation to ider   | ntify your case:                       |                     |
|---------------------------|---------------------|--|---------------------|
| Debtor 1                  | James               | Frank                                  | Waldron             |
| Debtor 2                  | First Name          | Middle Name                            | Last Name           |
| (Spouse, if filing)       | First Name          | Middle Name                            | Last Name           |
| United States             | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number<br>(If known) | г                   |  | _                   |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | number (if known). Answer every question.                                    |                               |   |                               |  |  |  |
|-----|--|-------------------------------|---|-------------------------------|--|--|--|
|     | Give Details About Your Marital Status and Where Yo                          | I hard Bafana                 |   |                               |  |  |  |
|     | What is your current marital status?   | u Lived Before                |   |                               |  |  |  |
|     | -  |                               |   |                               |  |  |  |
|     | Married  |                               |   |                               |  |  |  |
|     | Not married  |                               |   |                               |  |  |  |
| 02  | During the last 3 years, have you lived anywhere other tha                   | n where you live nov          | v?  |                               |  |  |  |
|     | No.  | ,                             |   |                               |  |  |  |
|     | Yes. List all of the places you lived in the last 3 years. Do                | not include where ye          | ou live now.                                      |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     | Debtor 1   | Dates Debtor 1<br>lived there | Debtor 2:   | Dates Debtor 2<br>lived there |  |  |  |
| 03  | Within the last 8 years, did you ever live with a spouse or I                |                               | community property state or territory? (Community | iived there                   |  |  |  |
|     | property states and territories include Arizona, California, and Wisconsin.) |                               |   |                               |  |  |  |
|     | No.  |                               |   |                               |  |  |  |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (                     | Official Form 106H).          |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     | Explain the Sources of Your Income   |                               |   |                               |  |  |  |
|     | Explain the doubles of Your modific  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |
|     |  |                               |   |                               |  |  |  |

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Page 38 of 62 Document Debtor 1 James Frank Waldron Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$17,476 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, \$30,240 Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, Wages, commissions, \$37,130 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Social Security \$9,624 From January 1 of current year until the date you filed for bankruptcy: Social Security \$20,507 For last calendar year: (January 1 to December 31, 2015) Social Security For last calendar year: \$20,159 (January 1 to December 31, 2014)

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Case Number (if known) \_\_\_

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| US BANK HOME Mortgage 4801 Monthly \$1,455 \$156,219 Mortgage Frederica St Owensboro KY 42301 Credit card Loan repayment Suppliers or vendors Other  |           | riist Name  | iviludie Name  | Last Name                               |   |   |   |
|--|-----------|---|--|---|---|---|---|
| No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."    During the 90 days before you filled for bankruptcy, did you pay any creditor a total of \$6.225° or more?    No. Go to line 7.   | Pa        | rt 31 List Co   | ertain Payments You Made Before You Filed  | for Bankruptcy                          |   |   |   |
| "incourred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6.225° or move?  No. Go to line 7.  The second payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for active for this bankruptcy case.  * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.  * Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 80 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  * Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Supplies on this payment for the bankruptcy case.  * Springles Financial S 1312 S.  Million Number S.  Million Number S.  Million Number S.  * Standard HoME Mortgage 4801.  Frederica St. Ovensboro KY.  42301  ** US BANK HOME Mortgage 4801.  Frederica St. Ovensboro KY.  42301  ** Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an inside?  Including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  Reason for this payment.  ** Total amount.  ** Amount you still ** Reason for this payment.  ** Reason for this payment.  ** Reason for this payment.  ** Total amount.  ** Amount you still ** Reason for this payment.  ** Reason for this payment.  ** Total amount.  ** | 06        | Are either Deb  | tor 1's or Debtor 2's debts primarily cons   | umer debts?                             |   |   |   |
| Yes. List below each creditor to whom you paid a total of \$6,225' or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  *Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.    Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.   During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?   No. Go to line 7.   Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.    Dates of  | ļ         | —<br>"incuri  | ed by an individual primarily for a personal   | , family, or househo                    | old purpose."                                       |   | S   |
| total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 40/16 and every 2 years after that for cases filed on or after the date of adjustment.  *Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  *Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.    Dates of payments  |           | □N  | o. Go to line 7.   |   |   |   |   |
| During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  Dates of payments  Total amount paid Amount you still owe Was this payment for  Springleaf Financial S 1312 S Monthly \$282 \$9.337   Mortgage Car   Credit card   Loan repayment   Suppliers or vendors   Other    US BANK HOME Mortgage 4801   Frederica St Owensboro KY   42301   Monthly   S1.455   \$156.219   Mortgage   Car   Credit card   Loan repayment   Suppliers or vendors   Other    Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner, corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securilies; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. include payments for domestic support obligations, such as child support and alimony.  Dates of Total amount Monunt you still Reason for this payment   |           | to<br>ch  | tal amount you paid that creditor. Do not in iild support and alimony. Also, do not includ   | clude payments for<br>de payments to an | domestic support oblig<br>attorney for this bankrup | ations, such as otcy case.                            |   |
| No. Go to line 7.  | 1         | Yes. <b>Debt</b>  | or 1 or Debtor 2 or both have primarily co   | onsumer debts.                          |   |   |   |
| Tyes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.    Dates of payments   |           | _   |  | cy, did you pay any                     | creditor a total of \$600                           | or more?  |   |
| Springleaf Financial S 1312 S   Monthly   \$282   \$9,337   Montgage   Car   Credit card   Loan repayment   Suppliers or vendors   Other   |           | ■ Ye  | es. List below each creditor to whom you pa<br>editor. Do not include payments for domes   | tic support obligation                  | ons, such as child suppo                            | -   |   |
| Milwaukee Ave Libertyville IL 60048  US BANK HOME Mortgage 4801 Frederica St Owensboro KY 42301  Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No. Yes. List all payments to an insider.  Dates of Total amount Amount you still Reason for this payment  |           |   |  |   | Total amount paid                                   | Amount you still o                                    | we Was this payment for                             |
| Frederica St Owensboro KY  42301    Car   Credit card   Loan repayment   Suppliers or vendors   Other  |           |   | Milwaukee Ave Libertyville IL  | Monthly                                 | \$282   | \$9,337   | Car Credit card Loan repayment Suppliers or vendors |
| Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No.  Yes. List all payments to an insider.  Dates of  Total amount  Amount you still  Reason for this payment   |           |   | Frederica St Owensboro KY  | Monthly                                 | \$1,455   | \$156,219   | Car Credit card                                     |
| Yes. List all payments to an insider.  Dates of Total amount Amount you still Reason for this payment  | <br> <br> | Insiders include corporations of agent, including such as child s | your relatives; any general partners; relati<br>which you are an officer, director, person in<br>gone for a business you operate as a sole | ves of any general n control, or owner  | partners; partnerships of 20% or more of their      | of which you are a general voting securities; and any | y managing  |
|  |           |   | payments to an insider.  |   |   |   |   |
|  |           |   |  |   |   | -   | Reason for this payment                             |

Debtor 1

James

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James Frank Waldron Case Number (if known) Debtor 1 First Name Middle Name Last Name 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment Include creditor's name paid owe Identify Legal actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No. Yes. Fill in the details. Nature of the case Status of the case Court or agency 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below. 11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Tyes. Fill in the information below. 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No. ☐ Yes. **List Certain Gifts and Contributions** 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Tyes. Fill in the details for each gift. List Certain Losses Part 6: 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? ☐ No. Yes. Fill in the details for each gift. Describe the property you lost and how Describe any insurance coverage for the loss Date of your Value of property the loss occurred Include the amount that insurance has paid. List loss lost Gambling 2015-2016 \$4,000

Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Main Document Page 41 of 62 James Frank Waldron Case Number (if known) \_ First Name Middle Name Last Name **List Certain Payments or Transfers** Part 7: Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Geraci Law L.L.C. Payment/Value: \$4,000.00: \$1,000.00 55 E. Monroe Street #3400 paid prior to filing, Chicago,IL 60603 balance to be paid through the plan. **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2016 \$25.00 115 N. Cross St. Robinson, IL 62454 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No. Yes. Fill in the details for each gift. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details for each gift.

Part 8:

List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No.

Yes. Fill in the details.

Last 4 digits of account number

Type of account or

Date account was

Last balance

Lust 4 digits of docount number

instrument

closed, sold, moved, or transferred

Last balance before closing or transfer Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Main Page 42 of 62 Document

Waldron

Frank

Debtor 1

James Case Number (if known) First Name Middle Name Last Name 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No. Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? **Identify Property You Hold or Control for Someone Else** Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Nature of the case Status of the case Court or agency Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

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| Debtor 1      | James   | Frank                                  | Waldron  | Case Number (if known)   |
|---------------|---|--|--|--|
|               | First Name                                    | Middle Name                            | Last Name  | , , , , , , , , , , , , , , , , , , ,  |
| П             | No. None of the abo                           | ve applies. Go to Par                  | t 12   |  |
|               |   |  | the details below for each business.   |  |
|               |   |  |  |  |
|               | JW Telecommunication                          | ons                                    | Describe the nature of the business  | Employer Identification number   |
|               |   |  | Telecommunications   | Do not include Social Security number or   |
|               |   |  |  | EIN:   |
|               |   |  |  |  |
|               |   |  | Name of accountant or bookkeeper   | Dates business existed   |
|               |   |  |  |  |
|               |   |  |  | 2004-present   |
|               |   |  |  |  |
|               |   |  |  |  |
|               | thin 2 years before y                         | -                                      | cy, did you give a financial statement to anyo   | ne about your business? Include all financial  |
| _             |   | or other parties.                      |  |  |
|               | No.   |  |  |  |
| Ц             | Yes. Fill in the detail                       | S.                                     |  |  |
|               |   |  | Date issued  |  |
| Part 12       | Sign Below                                    |  |  |  |
| in co<br>18 U | onnection with a ban<br>.S.C. §§ 152, 1341, 1 | kruptcy case can res<br>519, and 3571. | at making a false statement, concealing properult in fines up to \$250,000, or imprisonment fo |  |
| X             |   |  | Signature of Debtor 2  |  |
|               | Signature of Debtor                           | 1                                      | Signature of Debtor 2  | 2  |
|               | 00/00/0040                                    |  |  |  |
|               | Date 06/22/2016 MM / DD / Y                   |  | Date<br>MM / DD / `  | vvv  |
|               | IVIIVI 7 DD 7                                 | 1111                                   | WIWI 7 DD 7  |  |
| D:d           | attack additional                             | l marras ta Varre State                | ment of Financial Affaire for Individuals Filing   | w for Pontruntor (Official Form 407)?  |
| Dia           | you attach additional                         | i pages to rour state                  | ment of Financial Affairs for Individuals Filing   | gior Bankrupicy (Official Forth 107)?  |
|               | No  |  |  |  |
|               | Yes   |  |  |  |
| Did v         | vou pav or agree to r                         | oav someone who is                     | not an attorney to help you fill out bankruptcy  | forms?   |
|               |   | •                                      | ., , ,   |  |
| _             |   |  |  | ach the Bankowsker Belling Brown 1 M. C.   |
| Ц             | Yes. Name of persor                           | n                                      | Atta   | ach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re                   |   |   |              |                             |     |
|-------------------------|---|---|--------------|-----------------------------|-----|
| James Frank             | Waldron / Debtor  |   | Case No:     |                             |     |
|                         |   |   | Chapter:     | Chapter 13                  |     |
|                         | DISCLOSURE OF CO  | MPENSATION OF ATTORNEY                              | FOR DEE      | STOR                        |     |
| compensation            | to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(paid to me within one year before the filing of be rendered on behalf of the debtor(s) in conte | the petition in bankruptcy, or agreed               | d to be paid | to me, for services         | tha |
| For legal               | services, I have agreed to accept   | \$4,000.00  |              |                             |     |
| Prior to t              | he filing of this statement I have received   | \$1,000.00  |              |                             |     |
| Balance                 | Due   | \$3,000.00  |              |                             |     |
| 2. The source           | ce of the compensation paid to me was:  |   |              |                             |     |
| De                      | btor(s) Other: (specify   |   |              |                             |     |
| 3. The source           | ce of compensation to be paid to me is:   |   |              |                             |     |
| De                      | ebtor(s) Other: (specify  |   |              |                             |     |
| 4. I hav                | we not agreed to share the above-disclosed com  | pensation with any other person unl                 | ess they ar  | e members and associa       | tes |
| I hav                   | ve agreed to share the above-disclosed compens  | sation with a other person or person                | s who are i  | not members or associa      | tes |
| 5. In return case, incl | for the above-disclosed fee, I have agreed to re uding:   | nder legal service for all aspects of t             | the bankruj  | otcy                        |     |
| a. Anal                 | lysis of the debtor's financial situation, and ren  | dering advice to the debtor in determ               | nining who   | ether to file a petition in | 1   |
| b. Prep                 | aration and filing of any petition, schedules, sta  | atements of affairs and plan which n                | nay be requ  | uired;                      |     |
| c. Repi                 | resentation of the debtor at the meeting of credi   | tors and confirmation hearing, and a                | any adjour   | ned hearings thereof;       |     |
| <b>6.</b> By agreer     | ment with the debtor(s), the above-disclosed fee  | e does not include the following serv               | vice:        |                             |     |
|                         |   |   |              |                             |     |
|                         | I certify that the foregoing is a complete  | CERTIFICATION  e statement of any agreement or arra | ngement fo   | or                          |     |
|                         | payment to<br>me for representation of the debtor(s) in this  | s bankruptcy proceedings                            |              |                             |     |
|                         | Date: 06/28/2016  | /s/ Marc Adam Affolter                              | _            |                             |     |
|                         | Date  | Signature of Attorney                               | _            |                             |     |
|                         |   | Geraci Law L.L.C.                                   |              |                             |     |

711564 Page 1 of 1 Record #

Name of law firm

# Case 16-21072 Doc 1 Filed GETAS/16aWEntered Ub/29/10 12.37.22 Doc 1. National Headquarters: 55 E. Monroe Street #3400 Chicapa Headquarters: 55 E. Monroe Street Headquarters: 55 E. Monroe Street



Date: 6/6/2016

Consultation Attorney: MAA

Record #: 711-564

#### **Attorney - Client Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to operating account in payment of all outstanding fees owed by me if case is not filed.

my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility. Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. PLAN: The plan payment is estimated to be \$1 20 per month for \_ months. The payment and length of the plan are based on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or duration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure. Mv plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a diverce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: Vehicle + fex debts My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters. If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds. workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan. I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full domestic support obligation, fall to certify to the Court that I have remained current, or if I fail to take my financial management class, that my lames Waldron (Debtor) (Joint Debtor)

disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a case may be closed without a discharge, and will be required to pay a fee to have it reopened.

Attorney for the Debtor(s)

Representing Geraci Law L.L.C.

# UNITED STATES BANKRUPT OF COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Mair 3. Personally review with the debtor **Pack size the computed petition**, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



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- Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Mair 2. Inform the debtor that the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.



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- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Mair (d) Any portion of the retainer the cost of the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00

| 3. Before signing this agreement, the attorney l | nas received, | \$ 1,00     | <u> </u> |              |
|--|---------------|-------------|----------|--------------|
| toward the flat fee, leaving a balance due of \$ | 3,000         | _; and \$ _ | 310      | for expenses |
| leaving a balance due for the filing fee of \$   | 0             |             |          |              |



Case 16-21072 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:22 Desc Main 4. In extraordinary circumstances, subhastmented Paigler Bilary Rearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 6 /6 / 6

Signed:

Debtor(s)

Co-Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| James Frank Waldron / Debtor | Bankruptcy Docket #: |
|------------------------------|----------------------|
|                              | .ludge:              |

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 06/22/2016 /s/ James Frank Waldron

James Frank Waldron

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

#### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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#### 

Form B 201A, Notice to Consumer Debtor(s)

n re James Frank Waldron / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| /S/ James Frank Waldron      |   |
|------------------------------|---|
| James Frank Waldron          |   |
| /s/ Marc Adam Affolter       |   |
| Attorney: Marc Adam Affolter |   |
|                              | James Frank Waldron  /s/ Marc Adam Affolter |

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| Debto       | 1 Ja          | ames   | Frank  | Waldron   | Cas   | se Number (if known)                                |   |
|-------------|---------------|--|--|---|---|---|---|
| JODIO       | _             | st Name                                      | Middle Name  | Last Name   |   |   |   |
|             |               | 1  |  |   |   |   |   |
| Par         | t 6:          | Answer These Question                        | s for Reporting Purp                                   | oses  | · · · · · · · · · · · · · · · · · · ·   |   |   |
| 16.         | What<br>you h | kind of debts do<br>ave?                     | as "incurre  | debts primarily coded by an individual proto line 16b. So to line 17. | onsumer debts? Consumer of imarily for a personal, family, or                     | lebts are defined in 11<br>household purpose."      | 1 U.S.C. § 101(8)   |
|             |               |  | 16b. Are vour  | debts primarily b   | ousiness debts? Business det<br>tment or through the operation o                  | bts are debts that you<br>of the business or inve   | incurred to obtain stment.                                |
|             |               |  | □No. G   | io to line 16c.<br>Go to line 17.                                     | · · · · · · · · · · · · · · · · · · ·   |   |   |
|             |               |  | 16c. State the   | type of debts you ow  | e that are not consumer debts o   | r business debts.                                   |   |
|             |               |  |  |   |   |   |   |
| 17.         | Are yo        | ou filing under<br>ter 7?                    | No. Iam  | not filing under Cha  | pter 7. Go to line 18.  |   |   |
|             | -             | ou estimate that after                       | ☐Yes. Iam<br>adm                                       | i filing under Chapter<br>iinistrative expenses                       | 7. Do you estimate that after a are paid that funds will be availa                | ny exempt property is<br>able to distribute to un   | excluded and secured creditors?                           |
|             | •             | xempt property is<br>ded and                 |  | No.   |   |   |   |
|             |               | nistrative expenses                          |  | Yes.  |   |   |   |
|             | -             | aid that funds will be able for distribution |  |   |   |   |   |
|             | to un         | secured creditors?                           |  |   |   |   |   |
| 18.         |               | many creditors do                            | <b>1</b> -49   |   | 1,000-5,000   |   | 25,001-50,000   |
|             | you e<br>owe? | stimate that you                             | □ 50-99<br>□ 100-199                                   |   | ☐ 5,001-10,000<br>☐ 10,001-25,000   | _   | ⊒ 50,001-100,000<br>⊒ More than 100,000                   |
|             | Ower          |  | 200-999  |   |   | _   | •   |
| 19.         | How           | much do you                                  | \$0-\$50,00  | 00  | □ \$1,000,001-\$10 million  | n [   | □\$500,000,001-\$1 billion                                |
| 10.         |               | ate your assets to                           | \$50,001-  | 100,000   | \$10,000,001-\$50 millio  |   | □\$1,000,000,001-\$10 billion                             |
|             | be wo         | orth?  | \$100,001  |   | □ \$50,000,001-\$100 mill   | -   | □\$10,000,000,001-\$50 billion<br>□More than \$50 billion |
| eccontament |               |  | \$500,001  |   |   |   | □\$500,000,001-\$1 billion                                |
| 20.         |               | much do you                                  | \$0-\$50,00<br>\$50,001-\$                             |   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million                            |   | <b>□</b> \$500,000,001-\$1 billion                        |
|             | to be         | ate your liabilities<br>?                    | \$100,001  |   | \$50,000,001-\$100 mil  | _   | <b>☐</b> \$10,000,000,001-\$50 billion                    |
|             |               |  | \$500,001  | -\$1 million  | □ \$100,000,001-\$500 m   | illion [  | ☐ More than \$50 billion                                  |
| Pai         | rt 7:         | Sign Below                                   |  |   |   |   |   |
| For         | you           |  | I have examine correct.                                | d this petition, and I  | declare under penalty of perjury  | that the information p                              | provided is true and                                      |
|             |               |  | If I have chose<br>of title 11, Unite<br>under Chapter | ed States Code. I und   | er 7, I am aware that I may prood<br>derstand the relief available und            | eed, if eligible, under (<br>er each chapter, and l | Chapter 7, 11,12, or 13<br>I choose to proceed            |
|             |               |  | If no attorney rethis document,                        | epresents me and I d<br>I have obtained and                           | lid not pay or agree to pay some<br>read the notice required by 11 L              | eone who is not an atto<br>J.S.C. § 342(b).         | orney to help me fill out                                 |
|             |               |  |  |   | ne chapter of title 11, United Sta  |   |   |
|             |               |  | with a bankrup   | aking a false statem<br>toy case can result ir<br>52 1341, 1519, and  | ent, concealing property, or obta<br>n fines up to \$250,000, or imprise<br>35)1. | aining money or prope                               | rty by fraud in connection<br>ears, or both.              |
|             |               |  | Signature  | e of Debtor 1   | NULLA   | Signature of Do                                     | ebtor 2   |
|             |               |  | Executed   | on : 6 122  | <u>Z /2</u> 016   | Executed on _                                       | MM / DD / YYYY  |

Record # 711564

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| Fill in this in           | formation to iden   | tify your case:                     |                     |            |
|---------------------------|---------------------|-------------------------------------|---------------------|------------|
| Debtor 1                  | James               | Frank                               | Waldron             | <b>-</b> . |
|                           | First Name          | Middle Name                         | Last Name           |            |
| Debtor 2                  |                     |                                     |                     | _          |
| (Spouse, if filing)       | First Name          | Middle Name                         | Last Name           |            |
| United States             | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |            |
| Case Number<br>(If known) | r                   |                                     |                     |            |

#### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorney t | to help you fill out bankruptcy forms?  |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  | y and schedules filed with this declaration and that they are true and                        |
| * Mu & Wilder  | *   |
| Signature of Debtor 1  Date: 6/22/2016                       | Signature of Debtor 2  Date   |
| MM / DD / YYYY   | MM / DD / YYYY  |

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| Debtor 1      | James                                       | Frank  | Waldron                           | Case Number (if known)   |
|---------------|---|--|-----------------------------------|--|
|               | First Name                                  | Middle Name  | Last Name                         |  |
| П             | No. None of the a                           | bove applies. Go to Part 12.                                     |                                   |  |
|               |   | at apply above and fill in the de                                | tails below for each business.    |  |
| _             | JW Telecommunic                             | ations Desc  | ribe the nature of the business   | Employer Identification number   |
|               | 977 7 0.000                                 |  |                                   | Do not include Social Security number or   |
|               |   | Teled  | communications                    | EIN:   |
|               |   |  |                                   | EIV  |
|               |   | Name   | of accountant or bookkeeper       | Dates business existed   |
|               |   |  |                                   |  |
|               |   |  |                                   | 2004-present   |
|               | x(a)(u(uuxuummmmmmmmmmmmmmmmmmmmmmmmmmmmmmm |  |                                   |  |
|               |   |  |                                   |  |
| 3             | -   |  | you give a financial statemen     | t to anyone about your business? Include all financial   |
| <b>_</b>      | ŕ   | s, or other parties.   |                                   |  |
|               | No.   |  |                                   |  |
| ļЦ            | Yes. Fill in the det                        | tails.<br>Date is  |                                   |  |
|               |   | Date is  | sued                              |  |
| Part 12       | Sign Below                                  |  |                                   |  |
| ansv<br>in co | vers are true and o                         | correct. I understand that mak<br>ankruptcy case can result in t | ing a false statement, conceal    | s, and I declare under penalty of perjury that the<br>ing property, or obtaining money or property by fraud<br>onment for up to 20 years, or both. |
| (*)           | Signature of Debt                           | or 1   | Signature o                       | f Debtor 2   |
|               | / -   | _  | <b>g</b>                          |  |
| U             | Date 6 2                                    | Z <sub>/2016</sub>   | Date                              |  |
|               | MM / DD                                     | / YYYY   | MM                                | / DD / YYYY  |
|               |   |  |                                   |  |
| Did y         | ou attach addition                          | nal pages to Your Statement o                                    | of Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)?  |
|               | No  |  |                                   |  |
|               | Yes   |  |                                   |  |
| D:4.          |   |  | attemos to bole you fill out be   | inkriptor forms?   |
| nig ?         | ou pay or agree to                          | o pay someone who is not an                                      | attorney to help you fill out ba  | miniapity rollis:  |
| <b>.</b>      | No  |  |                                   |  |
| ים            | Yes. Name of pers                           | son  |                                   | . Attach the Bankruptcy Petition Preparer's Notice,  |
|               |   |  |                                   | Declaration, and Signature (Official Form 119).  |
| į.            |   |  |                                   |  |

### DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIOUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not willfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & WAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: // 22/2016

James Frank Waldron

X Date & Sign

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

James Frank Waldron / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 6/22/2016

James Frank Waldron

X Date & Sign

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Part 4:

Sign Below

By signing here declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

James Frank Waldron

Date: 0/22/2016

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Debtor 1  | James      | Frank       | Waldron   | Case Number (if known) |
|---|------------|-------------|-----------|------------------------|
|   | First Name | Middle Name | Last Name |                        |
| Part 5:   | Sign Below |             |           |                        |
| By signing here, declare under perfelty of perjury that the information on this statement and in any attachments is true and correct. |            |             |           |                        |
| James Frank Waldron  Date: Dated: 6 / 22/2016   |            |             |           |                        |

Form B 201A, Notice to Consumer Debtor(s)

In re James Frank Waldron / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 6 122+2016

James Frank Waldron

X Date & Sign

Dated: 6 / 2016

Attorney: Marc Adam Affolter